

6-6-1974

Negotiation within the therapist-client interview

Rhoda Elaine Estep
Portland State University

Let us know how access to this document benefits you.

Follow this and additional works at: http://pdxscholar.library.pdx.edu/open_access_etds



Part of the [Behavior and Behavior Mechanisms Commons](#)

Recommended Citation

Estep, Rhoda Elaine, "Negotiation within the therapist-client interview" (1974). *Dissertations and Theses*. Paper 2189.

[10.15760/etd.2186](https://pdxscholar.library.pdx.edu/etd.2186)

This Thesis is brought to you for free and open access. It has been accepted for inclusion in Dissertations and Theses by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.

AN ABSTRACT OF THE THESIS OF Rhoda Elaine Estep for the
Master of Science in Sociology presented June 6, 1974.

Title: Negotiation Within the Therapist-Client Interview

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:



Charles D. Bolton, Chairman



David L. Cressler



Ray C. Rist

This thesis combines a theoretical perspective and a methodological technique in order to clarify the concept of negotiation. The theoretical perspective represents a merging of a formal analysis as suggested by Georg Simmel and Erving Goffman and an interactional emphasis upon reciprocity of actions as proposed by Herbert Blumer. Accordingly, a methodological scheme was constructed to examine negotiations in terms of their forms and content. The methodological scheme was used to analyze 41 sessions of therapist-client inter-

actions in a mental health clinic. Incidentally, five therapists and 23 clients were involved in the 41 dyadic sessions. All the sessions were observed, recorded and analyzed by the thesis writer. The data analysis identified eight patterns of formal negotiation and the patterns within the entire course of the interaction between therapist and client. Also, the analysis of content negotiation included an investigation of instances where the therapist attempted to persuade the client to change a verbal stance and where the conversation would shift between obtaining information and giving opinions. The contents of the therapy session were also explored in relation to the forms of interaction and to the entire interaction itself. It was found that consistency between interactional forms, content, and processes characterized neither any one particular therapist nor any therapist-client relationship. In short, the interactional process in a therapy session demonstrated that negotiations were associated less with the persons involved than they were with the dynamics of the encounter between the two persons. Thus, the results substantiated the claims of those interactionists who view the study of the process of interaction itself as an appropriate and, indeed, significant sociological endeavor.

NEGOTIATION WITHIN THE
THERAPIST-CLIENT INTERVIEW

by

RHODA ELAINE ESTEP

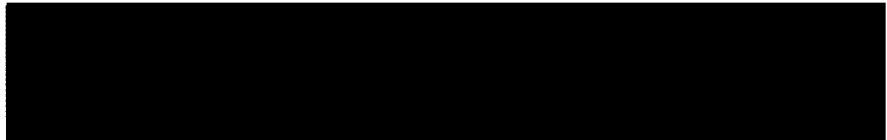
A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
in
SOCIOLOGY

Portland State University
1974

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the thesis of
Rhoda Elaine Estep presented June 6, 1974.



Charles D. Bolton, Chairman

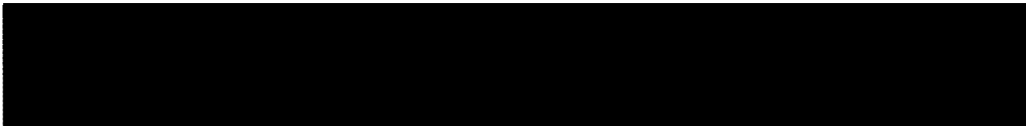


David L. Cressler

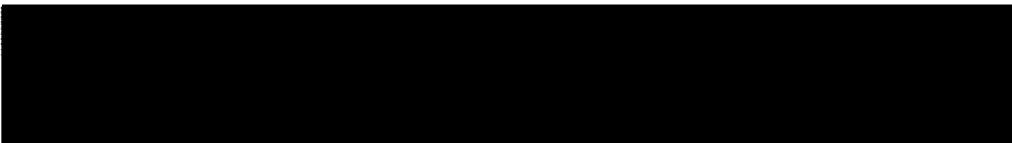


Ray C. Rist

APPROVED:



Don C. Gibbons, Chairman, Department of Sociology



David T. Clark, Dean of Graduate Studies and Research

June 6, 1974

TABLE OF CONTENTS

	Page
LIST OF TABLES	v
LIST OF FIGURES	viii
PREFACE	x
CHAPTER I: A THEORETICAL REVIEW	
INTRODUCTION	
INTERACTIONIST CONCEPTS RELEVANT TO A STUDY	
OF NEGOTIATION.....	1
THE DOCTOR-PATIENT RELATIONSHIP.....	4
THERAPIST-CLIENT RELATIONSHIP	6
THE PROPOSED PERSPECTIVE	10
CHAPTER II: AN OPERATIONAL DEFINITION OF NEGOTIATION	
INTRODUCTION	
METHODOLOGY	12
DATA COLLECTION	21
CHAPTER III: AN ANALYSIS OF INTERACTIVE ELEMENTS	
IN THERAPY SESSIONS	
INTRODUCTION	
THE "FORM" OF THE SESSION	28
FORMAL SEQUENCES OF THERAPIST-CLIENT	
INTERACTION	42
THE "CONTENT" OF THE INTERVIEW.....	45
Persuasion Attempts	53

	PAGE
Information Exchange	54
The Process of Opinion Giving	59
The Interchange of Opinions and Information	63
A SUMMARY: FORMAL AND CONTENT NEGOTIATIONS	68
CHAPTER IV: THE PROCESS OF THE INTERVIEW	
INTRODUCTION	
RELEVANT OPERATIONAL DEFINITIONS	69
SESSIONS INVOLVING THERAPIST A	74
SESSIONS INVOLVING THERAPIST B	99
SESSIONS INVOLVING THERAPIST C	123
SESSIONS INVOLVING THERAPIST D	131
SESSIONS INVOLVING THERAPIST E	140
A SUMMARY: AN ANALYSIS OF THE CONDITIONS	
AFFECTING THE LACK OF CONSISTENCY	
INTERACTIONAL FLOWS OF THERAPY	
SESSIONS	147
CHAPTER V: SOME REFLECTIONS ON NEGOTIATION	
INTRODUCTION	
COMMENTS ON THE METHODOLOGICAL SCHEME	150
THEORETICAL CONTRIBUTIONS	153
REFERENCES	160

LIST OF TABLES

TABLE		PAGE
I	A Summary of Therapy Sessions Observed	24
II	Persuasion Attempts per Therapist	53
III	A Summary of Patterns of Flexibility:	
	Therapist A - Client 1	84
IV	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist A - Client 1	86
V	A Summary of Patterns of Flexibility:	
	Therapist A - Client 2	87
VI	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist A - Client 2	93
VII	A Summary of Patterns of Flexibility:	
	Therapist A - Client 3	95
VIII	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist A - Client 3	98
IX	A Summary of Patterns of Flexibility:	
	Therapist B - Client 1	105
X	The Ratio of Style Changes to Interchanges:	
	Therapist B - Client 1	106
XI	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist B - Client 1	106

TABLE		PAGE
XII	A Summary of Patterns of Flexibility: Therapist B - Client 2	111
XIII	Percentages Representing Appearances of Client and Therapist in Predominant Styles: Therapist B - Client 2	112
XIV	A Summary of Patterns of Flexibility: Therapist B - Client 2	113
XV	The Ratio of Style Changes to Interchanges: Therapist B - Client 3	116
XVI	Percentages Representing Appearances of Client and Therapist in Predominant Styles: Therapist B - Client 3	116
XVII	A Summary of Patterns of Flexibility: Therapist B - Clients 4,5,6	117
XVIII	Percentages Representing Appearances of Client and Therapist in Predominant Styles: Therapist B - Clients 4,5,6 ...	122
XIX	A Summary of Patterns of Flexibility: Therapist C	129
XX	Percentages Representing Appearances of Client and Therapist in Predominant Styles: Therapist C	130

TABLE		PAGE
XXI	A Summary of Patterns of Flexibility:	
	Therapist D	138
XXII	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist D	140
XXIII	A Summary of Patterns of Flexibility:	
	Therapist E	141
XXIV	Ratio of Styles Changes to Interchanges:	
	Therapist E	146
XXV	Percentages Representing Appearances of	
	Client and Therapist in Predominant	
	Styles: Therapist E	147

LIST OF FIGURES

FIGURE		PAGE
1	Combined Styles of Therapist and Client	21
2	Four Patterns of Client - Initiated Negotiations ...	30
3	Four Patterns of Therapist - Initiated Negotiations	35
4	Four Types of Non-Negotiations: Stylistic Change by a Single Interactant	40
5	Flow Chart of Protocol A-1-7	76
6	Flow Chart of Protocol A-1-4	77
7	Flow Chart of Protocol A-1-2	78
8	Flow Chart of Protocol A-1-1	79
9	Flow Chart of Protocol A-1-3	80
10	Flow Chart of Protocol A-1-8	81
11	Flow Chart of Protocol A-1-6	82
12	Flow Chart of Protocol A-1-5	83
13	Flow Chart of Protocol A-2-2	88
14	Flow Chart of Protocol A-2-4	89
15	Flow Chart of Protocol A-2-1	90
16	Flow Chart of Protocol A-2-3	91
17	Flow Chart of Protocol A-3-1	96
18	Flow Chart of Protocol A-3-2	97
19	Flow Chart of Protocol B-1-4	101
20	Flow Chart of Protocol B-1-3	102
21	Flow Chart of Protocol B-1-1	103
22	Flow Chart of Protocol B-1-2	104
23	Flow Chart of Protocol B-2-1	108

FIGURE		PAGE
24	Flow Chart of Protocol B-2-2	109
25	Flow Chart of Protocol B-2-3	110
26	Flow Chart of Protocol B-3-1	114
27	Flow Chart of Protocol B-3-2	115
28	Flow Chart of Protocol B-4-1	118
29	Flow Chart of Protocol B-5-1	119
30	Flow Chart of Protocol B-6-1	120
31	Flow Chart of Protocol C-1-1	124
32	Flow Chart of Protocol C-2-1	125
33	Flow Chart of Protocol C-3-1	126
34	Flow Chart of Protocol C-4-1	127
35	Flow Chart of Protocol C-5-1	128
36	Flow Chart of Protocol D-1-1	132
37	Flow Chart of Protocol D-2-1	133
38	Flow Chart of Protocol D-3-1	134
39	Flow Chart of Protocol D-4-1	135
40	Flow Chart of Protocol D-5-1	136
41	Flow Chart of Protocol D-6-1	137
42	Flow Chart of Protocol E-1-1	142
43	Flow Chart of Protocol E-2-1	143
44	Flow Chart of Protocol E-2-2	144
45	Flow Chart of Protocol E-3-1	145

PREFACE

The purpose of this thesis is to clarify the concept of negotiation. In the first chapter, the theoretical context and past definitional uses elucidating the concept of negotiation will be reviewed. Following the theoretical discussion, a methodological scheme will be explicated; the scheme was developed in an effort to operationalize the concept of negotiation within the context of therapist-client interaction. In a third chapter, the utility of the methodological scheme for identifying patterns of negotiation will be examined by analyzing data collected in dyadic, therapist-client sessions. In addition to isolating models of negotiation in a therapist-client session, the analysis of the data will specify the conditions under which the patterns occur in an attempt to explain the occurrence of negotiation. The analysis will also include an evaluation of negotiation within the context of the complete interview. The final discussion will consider the theoretical implications of the operational definition of negotiation. That is, what will be explored is how the findings about negotiation in one particular empirical sphere may be used both to reflect on related theoretical endeavors and to generate hypotheses for further empirical investigations.

CHAPTER I

A THEORETICAL REVIEW: STUDIES OF NEGOTIATION

Introduction

Most studies of interaction featuring negotiation have attempted to combine a theoretical framework with an empirical study. The first works to be discussed illustrate a conceptual framework which originated within but is now somewhat differentiated from symbolic interactionism. Then an exploration of some relevant studies on the doctor-patient and therapist-client interview will be made. Following a discussion of Scheff's article on negotiation between therapist and client, a concise statement will summarize the theoretical perspective to be employed in the thesis.

Interactionist Concepts Relevant to a Study of Negotiation

The significance of the concept of negotiation is, in part, derived from its representation of several issues addressed by interactionists. The particular segment of interactionism concerned with negotiation combines an interest in the forms of interaction as first explicated by Georg Simmel and an emphasis on the processual and reciprocal nature of interpersonal encounters, as identified by George Herbert Mead and Herbert Blumer. One emphasis distinguishing a dramaturgical or formal study of interaction from a symbolic

interactionist viewpoint, particularly relevant here, is the concern of the former in discovering basic forms of interaction which permeate a variety of contexts and situations. A dramaturgical or formal study is illustrated by Goffman's work, The Presentation of Self in Everyday Life, in which he suggested that reciprocity of activity with resulting changes in the behavior of the participants can be observed within a single interaction. Goffman defines interaction as

the reciprocal influence of individuals upon one another's actions when in one another's immediate physical presence. An interaction may be defined as all the interaction which occurs throughout any one occasion when a given set of individuals are in one another's continuous presence... (1959: 15)

In a later commentary, Weinstein and Deutschberger assert that the disenchantment with Lewinian group dynamics and Lintonian role theory set the stage, so to speak, for the increased concern about the "process by which any interaction moves from its particular beginnings to its particular end." (1964: 452)

Moreover, interaction has often been identified in terms of a bargaining framework or as a strategic game. For instance, the economic model of a reciprocal exchange when used to characterize the interactional process reinforces the idea that each participant attempts to exercise his/her direction over the flow of the action. Weinstein and Deutschberger, (1964: 452-453) Indeed, the tension between interactants is also accentuated by describing interaction as a game of strategies. That is,

the actions of persons in the interaction are viewed as strategic moves which alter the position of the other participants within the situation. (Goffman, 1969: 145)

At times, negotiation has been identified as the process by which a "definition of the situation" emerges. Indeed, the actions of participants, when seen within the strategic interaction framework, are at least partially attempts to control the definition of the situation. (Goffman, 1959: 3-4) In other words, if a definition of the situation is interpreted as a temporal agreement or a "working consensus" between interactants, then negotiation is viewed as that process by which various terms of the agreement are changed throughout the encounter. (Weinstein and Deutschberger, 1964: 454; McCall and Simmons, 1966: 145) Moreover a perspective that seriously considers the import of process within an interaction would necessitate the following type of analysis:

the focus should be placed on the functions of acts rather than exclusively on their content. **Lines** of action must be observed, classified, and analyzed in terms of their potential consequences for the responsive lines of action of others. (Weinstein and Deutschberger, 1964: 456)

It should be noted that it is not altogether clear what kind of agreements are negotiated. At least one type of negotiation may be a debate over "who the person is." Negotiations over the identity of participants may take place within a limited organizational sphere, as Goffman has remarked: "an organization can ... be viewed as a place for generating assumptions about identity." (Goffman, 1961:

186) Indeed, because organizations impose certain limits on the actions of their members, observing interactions within an institutional setting can restrict the range of negotiations to be studied. Perhaps this is why medical sociologists with observations often limited to the doctor-patient relationship became the first to utilize the notion of negotiation.

The Doctor-Patient Relationship

The doctor-patient relationship has received the attention of researchers, partially because it was thought to represent the typical superordinate-subordinate type of relationship. For example, as recently as 1971, the Martindales claimed that doctors wield authority over their patients and the former "are exempt from the requirement to treat patients as democratic equals." (1971: 157) However, in a historical study, Szasz and Hollender have identified three basic models of the physician-patient relationship: (1) activity-passivity resembling a parent-infant relationship; (2) guidance-cooperation similar to a parent-child association; and (3) mutual participation where the interaction would be on an adult-to-adult basis. (1956: 586) Thus, according to an interactionist perspective on negotiation, only one model, that of mutual participation, could possibly present both doctor and patient exercising control over the interactional process. Moreover, the authors of the models have noted that the doctor-patient relationship resembles mutual participation only in chronic illnesses or psychoanalysis, not in acute episodes of one type or another.

(Szasz and Hollender, 1956: 586) In other words, the two preceding studies seem to be indicating that the status differential between a doctor and patient, evident at the beginning of an interview, is generally maintained throughout the session by the doctor's control. In short, negotiation between doctor and patient does not exist in the main.

A contrasting perspective on the doctor-patient relationship is presented by Friedson, who views their interaction as always in potential conflict. (1962: 209) because the client is personally involved in what is happening, the client will attempt to control what is transpiring between him- or herself and the doctor. (Friedson, 1962: 209) In view of this conflict of interests, Friedson has traced three possible outcomes of doctor-client sessions: (1) the doctor accommodates the demands of the patient but may cease to be a doctor; (2) the client may be assertive and attempt to control the situation; or (3) the doctor may use his leverage as a professional to control the session with the possibility of the patient demonstrating superficial cooperation and covert evasiveness. (1962: 222-223) In short, Friedson's scheme, as opposed to Szasz and Hollender's model, proposes that the statuses at the outset of a session are often not as crucial to outcomes of encounters as is the negotiation between doctor and patient occurring within the session.

In addition, Roth has expanded the idea of client resistance to all staff-client relations within a hospital setting. (1962: 1963) Roth indicates at least a modified

negotiation occurs when clients exercise control: "All professionals experience a greater or lesser degree of such resistance to control from their clients and must in part yield to it if the relationship is to be continued." (1962: 577-578) Moreover, the process of negotiation in a hospital setting was the subject of a study conducted by Strauss and his colleagues. (1962) Not only was the concept of negotiation used to describe bargaining between patients and professionals but the concept of negotiated order was also applied to the bargaining and making of agreements among different levels of staff, such as between professionals and nonprofessionals. It should be noted that the process of negotiation in the Strauss group's three-year study was perceived as an on-going phenomenon rather than limited to a temporally- or spatially-bounded situation. Despite the varying contrasts of the Strauss' study to the present study of negotiation between therapist and client, one overlap should be noted--they found that "there is a patterned variability of negotiation in the hospital pertaining to who contracts with whom, about what, as well as when these agreements are made." (Strauss, et al., 1963: 161) Such a finding is also an expectation of this study although it is confined to a study of negotiation within a single therapy session.

Therapist-Client Encounters

As reflected in the literature on the doctor-patient relationship, several sociological commentators have stressed the status and power of the therapist as similar

to that of a doctor in a doctor-patient relationship. In studying the role of therapist and client, Mechanic indicated that patient and therapist work best together if their social backgrounds, values and identities are similar. (1961: 194) Not only may the therapist's status be superior to that of the client at the outset of an interview, but the therapist can continually control the session by maintaining "psychotherapeutic face," which is the normative order of a therapeutic encounter, according to Blum and Rosenberg. (1969: 76) They further assert that the psychotherapist can manipulate almost any activity of the client for the former's benefit. Indeed, even refusal of the client to provide the therapist with information can be interpreted as a failure in therapy which results not from any flaw in the therapist's performance but from the client's being resistant," "lacking motivation," and so forth. (Blum and Rosenberg, 1969: 77-78) A final work which interprets the therapist-client interview as a one-sided affair with the therapist directing the action is Jay Haley's investigation of types of control exercised by both directive and non-directive therapists. According to Haley, the directive therapist encourages the patient to behave symptomatically so that the therapist can "win control of the relationship" by demanding that the patient behave as directed by the therapist. (1959: 54-57) In contrast, in non-directive therapy, the therapist indicates subtly how the patient is to behave but since the therapist denies that he/she is

directing the patient's responses, the patient is faced with a double bind and cannot, therefore, ever attain control of the relationship. (Haley, 1959: 57-63)

Thus, by concentrating studies on the therapists' behavior, several researchers have more or less indicated that negotiation within the session is not possible because of the therapist's control from outset to outcome. Despite the convincing arguments they have presented, several studies have--in contrast--identified the therapist-client session as an appropriate setting for the observation of negotiation. Similar to Friedson's perspective on the doctor-patient relation are the remarks made by Kenneth Burke. That is, psychoanalysis represents a fundamental incongruity, for the coming together of the professional with a detached orientation and a subject with an extremely personal point of view has at least the potential for resistance by the subjects. (Burke, 1965: 128-129) Further, the argument against the dominance of the therapist in a session with a client is advanced in interactional language by Manford Kuhn, for he describes the interview thusly: "The interview, far from being a kind of snapshot or tape-recording-- a simple report of fact or emotional response, is instead an interactional situation." (1962: 194) Moreover, one might mistake Kuhn's writing for Blumer's when the former comments that "Conjoint activity is not uniform, identical action, but reciprocal action." (1962: 195) Thus, Burke and Kuhn seem to be arguing that reciprocity and negotiation should not be regarded as the exceptions in regard to therapist-client interaction but as

expected occurrences.

Finally, the seminal article on therapist-client interaction by Scheff represents an attempt to say both that the therapist exerts control throughout the interview and that negotiation of responsibility occurs. (1968) In short, Scheff presents us with a paradox. On the one hand, the process within the therapy session is explicated whereby the client shifts from an original position of not being responsible for the problem to a concluding stance that the client is responsible for the problem. On the other hand, Scheff emphasized only the technique of the therapist as being instrumental in changing the client's verbal stance. In fact, after a comparison of the therapist's behavior with that of a lawyer and his client, Scheff remarks that "the difference in outcome is largely due to the differences in technique used by the interrogators." (1968: 12) In other words, "Throughout the entire interview, the psychotherapist is in complete control of the situation." (Scheff, 1968: 14) Thus, when Scheff is considering the negotiation process, he appears to be limiting the concept not only to a change in responsibility but also to the client's changing his or her view of reality.

At this point, an interactional perspective might differ from Scheff. That is, if negotiation is a bargaining process where reciprocation characterizes the order, then both client's and therapist's contributions shape the outcome. Not only did Scheff neglect to note the significance of the

client's contribution, but he also limited negotiation to one type of agreement, an agreement over responsibility for a problem. In contrast, the working consensus upon which interaction is built may include agreements with varying types of content and even an arrangement as to the interactional styles used by participants.

However, before proceeding further, the significance of Scheff's article should be noted. Not only did Scheff attempt to legitimate the concept of negotiation by examining it in a more thorough manner than had been done within the confines of an interview, but he also endeavored to generalize about differences in the process which influenced the outcome of negotiations. The hypotheses generated from an in-depth comparison of a therapist-client and a lawyer-client interview included identifying such categories as "directness of questions and answers" and "counter-offers" as significantly altering the negotiation process. (1958: 16) Finally, Scheff recognized that "these concepts and hypotheses are only suggestive until such times as operational definitions can be developed." (1968: 16) Accordingly, the next chapter presents an attempt to create an operational definition of negotiation to be used within the context of a therapist-client session.

The Proposed Perspective

The theoretical perspective to be utilized in this study is derived from Simmel's emphasis on forms and from

Goffman's application of this formal perspective to the study of interaction. That is, the forms of interaction and how the forms change and affect the flow of interaction are seen as crucial to an adequate study of an interactional process. The content of the interactions will be studied in terms of its relation to the forms. Also the interest in the background characteristics of the persons and their influence upon the interactions is not considered a primary objective of such a study. The fascination, rather, centers on the impact of actions by the two participants in a therapy session upon one another's action and so on the "flow" of the encounter.

CHAPTER II

AN OPERATIONAL DEFINITION OF NEGOTIATION

Introduction

Since the concept of negotiation has not been empirically explored within the limits of a single therapy session, it was necessary to develop a methodology commensurable with the theoretical perspective explicated in the first chapter. This chapter will explore some existing methods and their limitations in regard to studying negotiation. Then a more or less original methodological scheme which will be used to code and analyze the data will be outlined. The final section of the chapter will present the particular circumstances under which the data were collected.

Methodology

A central methodology employed by interactionists is naturalistic observation. Schatzman and Strauss have elaborated why observation in the "field" is valued by researchers who are focusing on the meaning of the phenomenon observed:

For the naturalistically-oriented humanist... the researcher must get close to the people he studies; he understands that their actions are best comprehended when observed on the spot--in the natural, ongoing environment where

they live and work. (1973: 5)

Indeed, an earlier writer in the field of social psychiatry, Harry Stack Sullivan, has commented that "psychiatry is peculiarly the field of participant observation." (1954: 19) Also, it is especially important for a researcher studying changes and process to be an observer present in the "field." (Glaser, 1965: 15) Moreover, the role of the detached observer appeared more suitable than the role of participant observer, for more specific and detailed information may be attained by the observer who limits his/her focus to certain units of observation. (Campbell, 1970: 232) Although researchers studying interaction agree on the necessity for doing careful observation, when the issue of how the observation is to be done arises, all agreement seems to dissipate. Accordingly, several existing methods for studying social interaction were examined and evaluated in terms of their utility for this particular study of negotiation in therapist-client interviews.

The twelve-fold scheme developed by Bales in Interaction Process Analysis (1950) was originally examined for its potential use in the study of negotiation. Besides the methodological difficulties of utilizing the Bales' scheme such as reliability problems with a single coder, there are some theoretical issues involved which, if discussed, will delineate and thereby clarify the task to be completed by this study. For example, one use of the Bales' scheme of coding interactions is the composition of

a portrait of each participant. In fact, an analogous use of Bales' scheme was completed in a study of doctor-patient interaction. In this study, after the coding had been completed and punched on computer cards, ten factors representing various models of doctor-patient relationships were employed in an attempt to correlate certain types of relationships with patient compliance or noncompliance with the doctor's recommendations. Although some of the factors did not contain both doctor and patient behaviors, the study was an attempt to generalize about types of complementary doctor-patient behaviors. (Davis, 1968) When the purpose for using Bales' scheme is the discovery of a basic portrait of a person, there is the implication that consistency rather than inconsistency in a person's behavior reflects the nature of the behaviors in interaction. In short, Bales' scheme often illustrates a consensual model. Such observations on the use of Bales' model parallels what Jones and Nisbett have said about the observer's orientation:

We wish to argue that there is a pervasive tendency for actors to attribute their actions to situational requirements, whereas observers tend to attribute the same actions to stable personal dispositions. (1971: 2)

In other words, I am uncertain as to whether Bales' scheme would be suitable for an analysis which is attempting to take an "actor's" perspective and to discover the reasons for changes in conduct within the interaction itself.

A second reason for not adopting Bales' scheme is a specific clash of interests between qualitative and quantitative

researchers. An observation from Strauss and his colleagues' study of negotiation explains well the viewpoint of a qualitative researcher: "the propositions with which the field-work was concerned were primarily qualitative. Amount or degree was not so important to our theoretical interest as occurrence and form". (1964: 35) Thus, it was decided that the coding scheme presented by Bales was too detailed for the purpose of studying simple changes both in the forms and in the context of the forms of negotiation.

In a search of the literature for methodological models since Bales' book in 1950, a category scheme developed by Strupp in 1960 to analyze psychotherapy was investigated. Strupp's scheme was developed to compare "the techniques of psychotherapists when they are in interaction with patients." (Borgatta and Crowther, 1965: 19) The main reason that Strupp's method could not be adopted for a study of negotiation between therapist and client was the total absence of measures to describe varying types of client participation in therapy. (Borgatta and Crowther, 1965: 19-23) Nonetheless, Strupp's concept of technique, by which he meant moves or strategies a therapist employs when interacting with clients (Borgatta and Crowther, 1965: 10), can be usefully applied in a qualitative model attempting to study forms of behavior.

A third methodology investigated for its usefulness to the present undertaking was "context analysis," as demonstrated by Schefflen and Birdwhistell. (Schefflen, 1965: 146)

Scheflen reports this approach enabled him to study the meaning of behaviors and to systematically analyze contexts to discover that meaning. Moreover, Scheflen used this methodological approach to investigate the "quasi-courtship" nature of nonverbal gestures occurring between therapist(s) and client(s) in clinical settings. In the following passage, Scheflen describes his method:

Briefly, the many elements of behavior are examined to find their structural configurations as they appear in a stream of behavior... when a unit has been identified, each recurrence of it is examined in the contexts in which it occurs. By contrasting what happens when it does and does not occur, its function in the larger systems--and, therefore, its significance or meaning--is derived. (1965: 146-147)

Scheflen's emphasis on "structural configurations" is reminiscent of Simmel's concept of formal sociology which attempts to isolate forms from a heterogeneity of contents and purposes. Simmel described this type of sociology in the following manner, "It thus proceeds like grammar, which isolates the pure forms of language from their contents through which these forms, nevertheless, come to life." (Wolff, 1950: 22) Indeed, the significance of searching for forms is the ability to generalize across contexts which are substantively quite diversified. In short, it is a systematic methodology for the study of varying contents. Particularly relevant to the study of negotiation is the realization that the strategic moves to be studied in the interactions between therapist and client not only affect the state of information or content

but also the courses of action taken, that is--the forms that follow. (Goffman, 1969: 145) Accordingly, I feel a study of negotiation must include both a consideration for change in form and change in content.

As noted in the first chapter, the theoretical perspective to be assumed differs somewhat from the traditional focus of symbolic interactionism. In addition, the methodology to be employed is more compatible with a formal analysis than with the typical interactionist stance. In the latter framework, meaning for those being observed cannot be discovered by a researcher unless the researcher seeks out the interpretations being utilized by the participants in regard to their actions. However, the approach taken here is more similar to studies done by Goffmann in which the significance of an interaction is determined by the researcher by close observation as to what actions succeed other actions. In other word, the action context is perceived as communicating what is or is not significant to the participants being observed. Also, in this particular instance, early informal communications with both therapists and clients directed the researcher in constructing and analysing the following methodological scheme.

The methodological scheme designed to study negotiation borrows quite a few basic concepts and methods just mentioned: from Strauss, the idea of focusing on occurrences and their forms; from Strupp, the concept of technique or style --the term employed here; from Scheflen, the approach

he calls "context analysis;" and from Simmel and Goffman, the separate study of form and content. Finally, the purpose of designing and applying this methodological scheme is to identify whether Scheff adequately described the nature of negotiation in therapist-client sessions. Yet, at the same time, the concepts to be used must be redefined in order to clarify the analysis. A few words which will be used repeatedly should be introduced first: a move or a turn will be used to mean one participant's turn at speaking; an interchange will indicate a turn at speaking by each participant (Goffman, 1971); and a sequence will indicate any two or more interchanges occurring consecutively in an interaction. In addition the following four concepts have been identified as the ones crucial to the methodological scheme:

Strategy: Any contribution of either participant which can be classed as representing a type of style, such as a specific as opposed to a general question; more than one strategy may characterize a single turn at speaking by a participant;

Interactional Style: A thematic description of a therapist's or a client's behaviors based on the strategies used by each party; it should be noted that two styles for each participant have been identified and will be explicated in the following section;

Negotiation: Two Types

(1) Content Negotiation occurs whenever the therapist or client changes a verbal stance taken on an issue earlier in the interview;

(2) Style or Formal Negotiation occurs whenever the therapist and client within two consecutive interchanges first use strategies belonging to one set of styles and then both parties use strategies which are classified as belonging to the contrasting set of styles; it should be mentioned that a style negotiation may not require two full interchanges if a participant uses two different styles in one turn.

Non-Negotiation: Two Types

(1) Content Non-negotiation occurs whenever neither party changes a verbal stance within the therapy session which is defined here as all communication between a particular client and a particular therapist at one specific time;

(2) Style Non-Negotiation: Two Types

(a) when no change of styles transpires

(b) when only one party changes styles

After studying Scheff's account of a psychotherapy interview and examining a few preliminary protocols collected by this researcher, both therapist's interactional styles and client's participational forms have been dichotomized into two basic styles. The interactional styles will be defined by listing the strategies which identify the style.

Therapist Styles:

(1) Supportive

- (a) questions--general, somewhat vague, asking for clarification; often rewords client's response into a question
- (b) gives opinion by means of anecdotes or with conditional words like "it seems...", "It sounds...", "Maybe...", "I think...", "My experience has been...", "My fantasy is..."
- (c) asks for information with phrases like "Could you tell me...", "I'd like to know...", "Can you explain that..."
- (d) gives praise for client's achievements
- (e) answers questions clients may ask

(2) Confrontive

- (a) questions--specific, at times asking for client to justify past statements or actions
- (b) gives opinions or judgments as if they are truisms; "That's the way it is..."
- (c) obtains information by specific requests or by directing the session by means of a specialized technique such as Gestalt techniques
- (d) utilizes material which is extraneous to that session but which the client has given in earlier sessions

- (e) initiates and re-initiates topics as desired
- (f) does not fully answer and may bypass questions from clients

Client Styles:

(1) Assertive

- (a) initiates topics to be the focus of the discussion and re-initiates topics of interest to himself or herself
- (b) volunteers opinions when not specifically asked for by the therapist
- (c) answers therapist's questions but adds unsolicited information and may, in so doing, change the topic
- (d) challenges the therapist on occasion by asking him or her to justify an action or statement

(2) Passive

- (a) merely answers therapist's questions
- (b) simply agrees with therapist's statements of opinion
- (c) asks clarifying questions of therapist
- (d) asks therapist for direction, advice, or opinions on what the client has said or done or should do in the future

Incidentally, the coding of the interviews was completed after the session had been recorded. Although the coding was not checked for reliability by having another person code the interviews, questions arising in the coding of the first few sessions were discussed with one of the therapists at the clinic and with a fellow graduate student. The coding proceeded in accordance with their advice.

The following figure illustrates the four possible configurations of therapist and client styles:

		THERAPIST STYLES:	
		Supportive	Confrontive
CLIENT STYLES:	Assertive	1	2
	Passive	3	4

Figure 1. Combined Styles of Therapist and Client

The cells--one, two, three, and four--will be referred to as the possible types of combined styles. The figure will be used in the main to identify shifts of styles occurring within the therapist-client sessions. That is, the figure of the four possible types of combined styles has not been designed to reflect the reality of therapy. Instead, whether the model containing four combined styles can be usefully employed to analyze interactive changes in styles and further to depict patterns of stylistic changes in therapy sessions is a principal objective of this study of negotiation. Accordingly, in chapter three the model will be used to depict hypothetical patterns of change and then to examine whether patterns can be used to isolate significant turning points in the process of interaction characterizing a session.

Data Collection

The data were generated from observing dyadic therapy sessions conducted in a county mental health clinic in an urban setting in the winter of 1974. The five therapists who were observed in therapy had varying occupational backgrounds: two were social workers; one was a medical doctor; one, a nurse; and one, a social psychologist. The clientele of the clinic also varied somewhat but were more homogeneous than might be expected of an urban population. For instance, of the 213 admissions to the clinic in the latter half of 1973, 63 percent were between the ages of 19 and 34, over 77

percent earned less than three thousand dollars a year, only one of every six was married and living with his/her spouse, almost all--92 percent--classified themselves as white, and about half had a high school education or less. In brief, the clientele represented a mixture of sex and educational backgrounds, but otherwise over-represented the lower-class, unmarried, young and white population.

As mentioned earlier, the researcher assumed the role of the detached observer to collect the data. The actual process involved the observer present in the room with the therapist and client with the observer placing herself outside of the range of vision of the client. Because of the presence of the observer in the setting, the issue can be raised as to the possible influence of a third person upon the dyadic encounter. There are several reasons why it appeared that the effect of the observer's presence upon the interview was minimal. First, when the therapists were questioned as to the typicality of the client's responses, the therapists' answers were generally affirmative. Also, silent observers frequented the therapy sessions at the clinic because the clinic serves as a training center for student nurses, volunteers, and mental health trainees. In addition, a comparison of the therapist's behavior in the first few and last few interviews observed revealed only two interviews where the therapist appeared aware of the observer's presence; consequently, these two were not included in the data analysis. Finally, at the end of certain sessions

clients would indicate they had forgotten the observer's presence in the room. From the observer's notes taken in the session the session partially done in shorthand, a near-verbatim protocol was produced. Then each of the 41 protocols was coded according to the methodological scheme developed by the researcher.

In regard to the rights of the clients involved in the research, certain precautions were practiced in order to avoid coercive participation in the research. Before the interview began, the therapist would inform the client of the observer's role as a student conducting thesis research, of the option to refuse to grant permission to be observed, and of his/her anonymity in the project. There were as many refusals as agreements to being observed by clients--as reported to the researcher by the therapists--possibly indicating one of the difficulties of conducting naturalistic research in a mental health sphere where very private affairs are the subject matter. Since the researcher was not located in the room when the therapist sought the permission of the client, the researcher is unable to identify whether the therapist or client was responsible for the refusal or what type of client most often refused. In addition, to protect the identity of the clients involved in the study, identification numbers were assigned clients and only identification numbers have been placed on the protocols which will be retained. The list connecting names of clients with identification numbers will be destroyed at the thesis' completion.

Now that the conditions under which the observations were conducted have been explored, it is possible to identify in greater detail the sample of interactions which compose the 41 protocols to be analyzed. Because the researcher concurrently collected the data and attended class, the researcher scheduled each therapist a minimum of two sessions to be observed for each week of a nine-week period. The three major reasons for failing to obtain the maximum level of 90 observations included client's cancellation of his/her appointment, the reported refusal of the client to be observed, and/or the therapist's involvement in non-therapy activities in the clinic. Of the five therapists, sessions with two of the therapists compose over half of the sample. Those therapists have been designated as A and B. With the other therapists--designated C, D, and E--there were more scheduling problems and more reported refusals from clients. The following table summarizes the observation sample.

TABLE I
A SUMMARY OF THERAPY SESSIONS OBSERVED

Number of Sessions Observed per Client	THERAPIST				
	A	B	C	D	E
First Client	8	4	1	1	2
Second Client	4	3	1	1	1
Third Client	2	2	1	1	1
Fourth Client	-	1	1	1	-
Fifth Client	-	1	1	1	-
Sixth Client	-	1	-	1	-
All Clients	14	12	5	6	4

The sessions also represent a spread in regard to the stage of the therapist-client relationship. Of the 41 interviews, five were initial ones, 10 were in an early stage--the second through the fourth session--and the remaining encounters, 26, were in a "middle" stage where more than five sessions had preceded the one observed. These stages may also be identified with the five therapists: Therapist A's sessions were all of the middle stage; Therapist B was involved in one initial interview, three early interviews, and eight middle sessions; all of Therapist C's sessions were of the early type; four of Therapist D's interviews were initial while two were in the very early stages; finally, Therapist E's sessions all represented a middle stage. Later the stages will be identified with respect to each therapist-client session.

One other item of information which may clarify the type of data collected is the self-orientation of each therapist as communicated informally to the researcher. Therapists A and C viewed themselves as non-directive in the main while Therapist B identified himself as quite directive and acknowledged that he likes to control the therapy session. Therapist D maintained a more or less directive stance but also appeared committed to being "sensitive" to the client, which is often associated with a non-directive style. Therapist E identified himself as a "non-therapist," by which he meant he did not use specialized therapy techniques such as Gestalt or Transactional Analysis language. However, by

other staff members in the clinic, Therapist E was more or less defined as directive.

A final issue in organizing and investigating a research problem within a natural field of study involves the researcher's relationship with the agency. In this case, the researcher was fortunate in being free to volunteer her services in the clinic for a period of time prior to the research implementation. Thus, the good will of both the staff and clients were secured before conducting the study. In addition, the staff and observer agreed to a reciprocal arrangement at the beginning of the data collection period: the staff would cooperate with the observer in the latter's research if the observer would supply a report to the staff suggesting a method by which they can evaluate the work of the clinic.

CHAPTER III

AN ANALYSIS OF INTERACTIVE ELEMENTS IN THERAPY SESSIONS

Introduction

In order to explore systematically negotiations both of style and of content, this chapter will be divided into a discussion of the forms of therapist-client interviews and the contents of such a session. Within the discussion of the forms of the interview, the eight possible patterns of reciprocal stylistic changes--negotiations--will be delineated and illustrated. In addition, the type of stylistic non-negotiation where only one party changes styles will be examined. Further, the immediate stylistic interchange succeeding the various negotiation patterns and the contents characterizing the negotiation patterns will be identified. The discussion of the contents of a therapy session will examine three substantively different types of dialogue in an interview: persuasion attempts, the sharing of information, and the exchange of opinions. For each type of content, verbal changes or content negotiation, coinciding styles and/or stylistic changes, and the relevant nonverbal cues contained in pauses and laughter will be considered. A second portion of the data analysis will appear in chapter four, which will concern itself with an exploration of the flow or process of

changes characterizing an entire therapy session. That analysis will utilize the forms and contents identified in the current chapter. Tentative conclusions will be developed following the consideration of the total encounter.

The "Form" of the Session

As explicated in the preceding chapter, negotiation of styles has been defined as changes in styles occurring within two consecutive interchanges where both client and therapist first employ strategies classified as one style and immediately afterwards adopt a strategy belonging to the other style. In other words, the operational definition of negotiation is limited to stylistic changes which are initiated by one party and reciprocated by the other party. It should be noted that negotiations may transpire in less than two interchanges if one or both of the speakers use more than one style in a single move, a turn at speaking. Perhaps two examples would best illustrate what is to be viewed as a negotiation involving two interchanges and a negotiation occurring in only one of a half interchanges, as demonstrated in the first and second passages, respectively.

- T: It sounds like you're having conflict over taking things from your father and not wanting to. (Supportive)
- C: Yeah, I don't want him to have leverage...he can't keep his authoritarian trip without it. (Assertive)
- T: Where did you go from the hospital? (Confrontive)
- C: Here, I worked at _____ in Bridgeport. (Passive)

T: Your parents? What about them? (Confrontive)

- C: They've been married 36 years now, I have two older sisters, 31 and 32 (Passive) and I don't know quite how to, what you're getting at? (Assertive)
- T: What I'm getting at is a brief social history, your relation to your parents as you were growing up...(Supportive)

Thus, what is being identified as negotiations of style are reciprocal changes in styles within two turns at speaking by both participants.

Moreover, by employing the definition of negotiation of styles and by utilizing the four-dimensional scheme of possible combined styles, eight possible patterns of negotiation were developed. Each of the patterns will be outlined and illustrated. Whenever possible, the illustration will be limited to a demonstration of the sequence in which the four styles are involved. However, the illustrations may be lengthier when the more concise materials would be confusing in regard to the content being discussed. The eight patterns will be subsumed into two general types of patterns--client-initiated and therapist-initiated negotiations. The first four patterns to be explored are those where the first stylistic change is made by the client and the succeeding or reciprocal stylistic change is effected by the therapist. The following figure sketches the client-initiated patterns of negotiation. It should be noted that the second position illustrates the initial change of styles by client while the third position depicts the reciprocal stylistic change by the therapist.

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	3rd	2nd
Passive		1st

Pattern One

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive		1st
Passive	3rd	2nd

Pattern Two

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	1st	
Passive	2nd	3rd

Pattern Three

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	2nd	3rd
Passive	1st	

Pattern Four

Figure 2.

Four Patterns of Client-Initiated Negotiations

Pattern one illustrates a change where the ongoing style of a confrontive therapist and a passive client is first interrupted by the client's assuming an assertive style. Then the therapist completes the transformation of styles by a verbal response classified as supportive. The following is a concise example of a pattern one negotiation of styles.

T: How did you like the program? (Confrontive)
 C: Well, I didn't like it because I was on foot.
 They expect you to go look for work everyday.
 (Passive) Now I have a car. (Assertive)
 T: You do? (Supportive)

In this particular instance, the crucial move was the client's adding information which was not required by the therapist's question and which changed the topic of the conversation. In this second example the client offers an unsolicited opinion to switch styles with a reciprocating strategy change by the therapist.

T: What do you plan to do with the rest of your time?
 (Confrontive)
 C: Finish Incompletes so I can graduate in June.
 Take a practicum. (Passive) It scares the hell
 out of me. (Assertive)
 T: What does? (Supportive)
 C: The practicum (Passive)

The second client-initiated change is delineated by pattern two, where a conversation between a confrontive therapist and an assertive client changes its form when the client demonstrates a passive strategy. The switch by the client is succeeded by the therapist's use of a supportive strategy. The context of the following lines could be characterized as a steady clash of opinions between the

two participants.

- T: Well, we try to help people like you to face up to reality. (Confrontive)
 C: Well, I've tried to type a resume...but I can't (Assertive)
 T: Why do you want to work? (Confrontive)
 C: I want to prove to myself I can do it. (Passive)
 T: I think if you want to prove it to yourself, that's good, to others, not so good. (Supportive)

The strategic move initiating the stylistic change was the client's assuming a passive stance rather than the aggressive style as in previous interchanges. Also, the therapist responded reflectively and therein assumed a supportive style. A similar occurrence develops in this second illustration of a pattern two negotiation.

- T: I want you to quit that smiling. (Confrontive)
 C: Why are you looking at me like that? (Assertive)
 T: It's usually appropriate when you smile...but if you smile when it's appropriate to be angry, someone might say it's phony...Maybe the occasion hasn't arisen in here. (Confrontive)
 C: No, I don't think it has. (Passive)
 T: What do you want to do? (Supportive)

The third pattern, another client-initiated change, originates in a situation where the therapist appears supportive and the client assumes an assertive style. However, the client departs from assertive strategies by becoming passive and the therapist concludes the change by becoming confrontive. As in the following instance--where the client's smoking was being discussed--a switch to a passive style by the client will create a situation where the therapist introduces a different topic:

- C: I try to smoke less than two packs a day...
 it used to be something to do when I'm nervous
 (Assertive)

- T: I used to think if I didn't have to live I
could save a lot of money. (Supportive)
C: That's the truth. (Passive)
T: When did your husband leave? (Confrontive)

The agreement of the client with the therapist strategically reversed the styles used previously; as it does in this additional illustration of pattern three.

- C: Kitchen work seems like something I can do...
(Assertive)
T: I'd encourage you to do whatever you feel comfortable
with...It'd be neat to get a few extra bucks.
(Supportive)
C: Yeah (Passive)
T: If you had more money, what would you do?
(Confrontive)

The final client-initiated change, the fourth pattern, reverses the opening setting with a supportive therapist and passive client to a closing setting with a confrontive therapist and assertive client by the client's adopting an assertive strategy. This pattern of negotiation may illustrate a subtle shift from conversation to a struggle between two stances as in this example:

- T: Maybe the way to help Fred is to split...
to break away for awhile? (Supportive)
C: Be out more or leaving? (Passive)
T: Leaving. (Supportive)
C: I don't know...I think it would put more fear
into him...I thought you meant go out more...I've
never seen an adult like him. (Assertive)
T: Would it put a lot of fear in you to separate
from Fred? (Confrontive)

The client involved here adopts two strategies classified as assertive--volunteering information not requested by the therapist and slightly shifting the topic. However, the therapist confronts the client with a specific question and thus departs from his original supportive techniques. The above interpretation of the changes in styles could

also be applied to this second illustration of the fourth client-initiated negotiation.

- T: It sounds like you're feeling guilty...(Supportive)
C: Yeah...I feel guilty definitely...(Passive) If
they're visible...I'm seeing my husband again and
that bothers me...(Assertive)
T: Have you seen him lately? (Confrontive)

The four therapist-initiated negotiations are outlined in the four patterns of figure 3. As noted in regard to the client-initiated patterns, the second position designates the party initiating interaction in a different style, the therapist here, and the third position denotes the party which reciprocates the initiating change with a corresponding change of styles.

The first therapist-initiated negotiation of styles to be discussed, pattern five features a situation where the therapist uses confrontive strategies and the client responds in a passive manner. Then the therapist switches to some supportive strategy followed by the client's becoming assertive. In the particular instance cited below, the change of styles by the therapist is quite obvious because the interview is more or less characterized by a confrontive therapist and passive client;

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	3rd	
Passive	2nd	1st

Pattern Five

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	2nd	1st
Passive	3rd	

Pattern Six

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive	1st	2nd
Passive		3rd

Pattern Seven

	THERAPIST STYLES	
CLIENT STYLES:	Supportive	Confrontive
Assertive		3rd
Passive	1st	2nd

Pattern Eight

Figure 3.

Four Patterns of Therapist-Initiated Negotiations.

T:..."don't be rebellious." From mother or father?
 (Confrontive)
 C: Daddy...(Passive)
 T: Did he tell you that verbally, behaviorally,
 or both? (Confrontive)
 C: Yeah, constantly. (Passive)
 T: Heavy. (Supportive)
 C: That's why I've had trouble getting from under it,
 but this week I've spent time telling people what
 I think. (Assertive)
 T: Great, great, great. (Supportive)

The key remark by the therapist was "Heavy," illustrating a supportive rather than confrontive style which is followed by the client's offering unsolicited information, a strategy belonging to the assertive style. The key response in the following passage is the summary by the therapist which is succeeded by the client's challenge of the therapist.

T: Don't you send them (children) away...and tell them not to have those feelings: (Confrontive)
 C: Not in regard to feelings but when they misbehave. (Passive)
 T: The message is don't misbehave. OK. (Supportive)
 C: Why did you question me? (Assertive)

The sixth pattern illustrates an opening situation with a confrontive therapist and assertive client and a closing scene where the therapist is acting in a supportive style and the client, in a passive manner. Again, the therapist provokes the change by using first confrontive and then supportive strategies. The client complements the therapist's switch by becoming passive. The following segment opens with a conflict of stances.

C: My mother cried on my shoulder...my parents didn't get along. (Assertive)
 T: So what's new? (Confrontive)
 C: My father was jealous of me...I almost killed my mother...my father killed his mother. (Assertive)
 T: What do you mean? (Supportive)

C: They died in childbirth...(Passive)

In this instance, the therapist asked a clarification question, a supportive strategy, which was followed simply by the client's answer, characteristic of a passive style. The main difference in the preceding and the following examples of pattern six is the client's response of "yes" only to the clarifying question of the therapist in the next passage.

T: Have you thought about suicide? (Confrontive)

C: No, there's too much happening to do that. I'm half glad I did it. I had so many friends I didn't know I had...they told me to come and talk to them...my manager at work said he'd hit me in the head the next time I tried it...they would say they liked me. (Assertive)

T: It sounds like you have a lot of friends. Do you see them often? (Supportive)

C: Yes (Passive)

A third negotiation of styles where the catalyst is the therapist, the seventh pattern, is characterized by a departure from a supportive therapist and assertive client framework. After the therapist adopts a confrontive strategy, the client reciprocates in a passive style. The example of pattern seven cited here illustrates mobilizing conversation at the beginning of a therapy session:

T:...How would you like to use the next 40 minutes? (Supportive)

C: I've been doing some exercises in the book... A lot of the Adaptive Child I've been realizing more of it. (Assertive)

T: Give me some examples to verify you know what you're talking about. (Confrontive)

C: OK (Passive)

The strategic move which eliminates the combined style of therapist as supportive and client as assertive is the

therapist's request upon the client for the latter to validate some of his statements. The client obliges the therapist's request and assumes a passive style. In contrast, the change of styles in the following illustration of pattern seven is initiated by the pointed question of the the therapist.

- C: Do you think I'm trying to hide the responsibility?
(Assertive)
- T: No...I think you think it's weighing you down...
(Supportive)
- C: Hmmm...Yeah. I told him I wanted it taken care of...That made him mad...(Assertive)
- T: Why did it make him mad? (Confrontive)
- C: It puts them in a bad way...they can take you to court...they want me to be peaceful...(Passive)

The final possible pattern of negotiation to be discussed, eight, can be summarized thusly: from a supportive position initially the therapist changes to confrontive, and correspondingly, the client switches from passive to assertive strategies after the therapist's stylistic change. The following illustration of pattern eight demonstrates using the pattern to change topics:

- C: Yeah...I got some paper to work on at home. (Passive)
- T: Yeah, I'm glad. I have seen you here...So you're sounding perky. (Supportive)
- C: Yeah, I'm feeling good. (Passive)
- T: Huh, I had something I needed to talk to you about...Mr. Smith said the hearing about your children may come up...I need to talk to you about that. It's really important for me to talk to you so you won't feel I betrayed you.
(Confrontive)
- C: I will anyway. (Assertive)

As can easily be noted, the therapist redirects both conversation and styles by introducing a new topic and then the client becomes assertive in interjecting an unsolicited opinion. Another method of introducing a different style is

demonstrated in the following passage; the therapist strongly suggests a course of action to the client who uses an assertive strategy to reject the suggestion.

- C: No, I think there are people who want my life to be miserable...I get to this thing of going to jail. (Assertive)
- T: T: What makes you ever think of going to jail? (Supportive)
- C: I may have committed a crime. (Passive)
- T: Don't you think you'd know if you've committed a crime: I'd like to say, Susan, why don't you tell the voices to fuck off? (Confrontive)
- C: It doesn't work, I've tried swearing at them... they're always people...who are smartalecky... and they get into this, how I'm such a bad person... (Assertive)

Before a further description of these eight patterns, a more complete definition of stylistic non-negotiation is needed. The meaning of one type of non-negotiation is quite obvious--neither party changes styles. However, the second type of non-negotiation is somewhat more complex; it transpires whenever a therapist or client shifts styles without a reciprocating change of styles by the other interactant. In short, this second type of non-negotiation is comprised of an initiating change only. Also the usual response of the person who initiates a style change which is unreciprocated is to return to the style assumed before the change. However, before the return occurs an interruption such as a delayed style change initiated by the same or other party may transpire. Nonetheless, the following figure depicts the four typical patterns of non-negotiation involving a one-sided change. Needless to say, if non-negotiations of this type occurred without reciprocal changes of styles--negotiations--then a four-fold table would be unnecessary.

The following passages illustrate instances of non-negotiation where the therapist initiates a stylistic change and where the client initiates a change of styles, both occurring without a reciprocal change by the other party in his/her succeeding move. In the first passage, the therapist switches from confrontive to supportive and back to a confrontive style while the client remains assertive.

- T: You know, Jim, if kids could get to know you, they wouldn't do shit to you. (Confrontive)
 C: They didn't...it's a matter of the job this year. (Assertive)

THERAPIST STYLES		
CLIENT STYLES:	SUPPORTIVE	CONFRONTIVE
Assertive		
Passive		

THERAPIST STYLES		
CLIENT STYLES:	SUPPORTIVE	CONFRONTIVE
Assertive		
Passive		

Therapist-Initiated Non-negotiations

THERAPIST STYLES		
CLIENT STYLES:	SUPPORTIVE	CONFRONTIVE
Assertive		
Passive		

THERAPIST STYLES		
CLIENT STYLES:	SUPPORTIVE	CONFRONTIVE
Assertive		
Passive		

Client-Initiated Non-Negotiations

Figure 4.

Four Types of Non-negotiations:
 Stylistic Change by a Single Interactant

- T: How's that? (Supportive)
- C: I know I get all the shit because I'm in fill-in this year...last year I was a regular and the kids were good...I volunteered this year kind of... I can see myself turning into a grump...(Assertive)
- T: Did you as a child take advantage of the bus driver? (Confrontive)
- C: No...because I think I had respect for people when I was a kid. I think I had more feeling for people when I was a kid...it always hurt me when I was a kid...maybe I had too much feeling...it really upset me...I guess that's why I get angry when one kid gets picked on by the other kids (Pause) (Assertive)

The difference in the first and second passages is the style maintained by the client--here passive--while the therapist again vacillates between confrontive and supportive.

- T: What's the difference in a white man and a black man? (Confrontive)
- C: That I've noticed? (Passive)
- T: Yeah (Supportive)
- C: They dress better. They seem to, seem to, no, they know how to make a woman feel good. They seem to be more mature than white men. I don't know if that's what I mean. They're fun, it's hard to explain. (Passive)
- T: You're doing fine. (Supportive)
- C: You could turn it around...but when I look at them, I can't put myself there and think I'd be having fun. (Passive)
- T: What's the number of black men you've had intimate relations with? (Confrontive)
- C: Neil only. (Passive)

However, as will be investigated more fully later, the non-negotiation where the client changes styles and the therapist maintains his/her style occurs more frequently than the previous situation. In the following passage, the client switches from an assertive strategy while the therapist remains confrontive.

- T: You'd have to make it on your own. (Confrontive)
- C: Yeah, I guess. I wouldn't depend on Mark. The other reason I'm crying is I'll miss not coming, I don't know why. (Assertive)

- T: It's like a security. (Confrontive)
 C: I guess you're right. (Passive)
 T: Let's make an appointment for next week and see how you feel. (Confrontive)
 C: Let's do it this way. Let's not make an appointment. If I feel I need to come in, I'll call. I'd probably come in next week and cry again. (Assertive)

A similar illustration of a client-initiated non-negotiation is provided by the following passage which may clarify the type of sequence to which the term of non-negotiation is being applied.

- C:..After six months, I met a guy at Humboldt Park... (Assertive)
 T: When was this? (Confrontive)
 C: Three years ago...He was 32...he wasn't the type of person anyone could live with. I didn't know much of anything. I was looking, I was lonesome, It was the first type of experience...I picked up the wrong one. He was a honey. He ended up...I don't know if you call him masochistic...toward the end I'd have matching bruises...at first I shut up, I didn't like being hit, so I hit back and that's not too good. (Assertive)
 T: Why? (Confrontive)
 C: Why should you stay around someone who's hitting you? (Passive)
 T: Yeah, but since you did...(Confrontive)
 C: Toward the end I got out of it. He got drunk all the time, I didn't know where he was half the time... now I've lived with two guys since then. When I'm I'm living with someone, I'd like to know where they're at...I tend to pick up guys...he called me a hound-dog...I tried really hard with him but he was the type of person, you could do anything you wanted. He'd say not to do something and then he'd say why not do it...he kind of wanted me to be two people. I just couldn't do it. (Assertive)

Formal Sequences of Therapist-Client Interaction

Further characterization of the eight patterns of negotiation can be facilitated by an exploration of the "formal" sequences surrounding each pattern and of the type of content most commonly associated with each pattern. The client-initiated patterns will be described first in terms of the

formal interchange which immediately followed the occurrence of the pattern. Pattern one was most often (42 percent of the time) followed by no style changes but was succeeded by pattern seven, a therapist-initiated negotiation, in 16 instances or 22 percent of all instances. Also therapist-initiated non-negotiations followed pattern one in 16 cases. Pattern two was succeeded in eight instances or 62 percent of all occurrences by non-negotiations; half of the non-negotiations were characterized by no changes, and the other half, by therapist-initiated changes. The next client-initiated pattern, three, was succeeded most often (59 percent of the instances) by the same styles or non-negotiation where neither party changed. Also pattern one followed pattern three in six sequences or 27 percent of all occurrences of pattern three. The final client-initiated negotiation, pattern four, was succeeded in half of its occurrences (five), by the same styles.

Although client-initiated patterns were most often followed by a non-negotiation period where no stylistic changes transpired, the same situation did not characterize therapist-initiated patterns of negotiation. Pattern five was often, in fact 47 percent of the time, involved in a sequence where pattern five preceded pattern seven. However, in 37 cases, 26 percent of all instances, pattern five was succeeded by non-negotiation with no stylistic changes. Patterns six and seven were also dominated by successive interchanges involving no stylistic changes, half of the instances with respect to

pattern six and 37 percent of all interchanges succeeding pattern seven. However, pattern seven was combined with the successive appearance of pattern five in 46 instances, 27 percent of all the interchanges involving pattern seven. Also 20 percent of all interchanges following pattern seven were characterized by client-initiated non-negotiations. The final therapist-initiated pattern, eight, had two dominating successive types of interchanges: the same styles occurred after a pattern eight 43 percent of the time and therapist-initiated non-negotiations appeared in eight instances or 29 percent of all interchanges following pattern eight. Hopefully, this description of the immediate context succeeding negotiations has indicated the contextual forms most commonly composing the flow of interactions, a topic which will be investigated more fully in the next chapter.

A further clarification as to the nature of negotiation patterns identified is found in the most typical content associated with a particular pattern. Of the four client-initiated patterns, three of the patterns--one, two and four--are strongly associated with the sharing of information. In addition, patterns one and three are related to the switch from information sharing to opinion giving. Pattern three as well as pattern four may also coincide with the transformation from opinion giving to information sharing. The final distinctive content of client-initiated patterns is the co-appearance of pattern one and the switching of topics.

Similarly, therapist-initiated patterns tend to aggregate

with respect to certain contents. For instance, patterns five, six and seven are associated with exchanges of information. Also, all the therapist-initiated patterns except six often appear in conjunction with the transition from information exchanges to opinion exchanges. Only pattern seven is further identified with the transition from opinions to information and with the changing of topics of conversation. Not only does this summary indicate the character of various patterns of negotiation such as the parallel between client-initiated pattern one and therapist-initiated pattern seven which are both involved in changing of topics, but it also suggests the type of contents dominating the therapy sessions, at least those portions characterized by formal negotiations, such as information gathering and the transition between information and opinion exchanges. Accordingly, the next section will investigate three major dimensions of the content of therapy sessions.

The "Content" of the Interview

Persuasion Attempts: In the 41 therapy sessions observed and analyzed, 40 segments were identified as persuasion attempts. Persuasion attempts were defined as two or more interchanges characterized by a conversation in which the therapist attempted to change a particular belief or stance of the client. The changes being encouraged by the therapist were as concrete as whether a client should enter Dammasch State Hospital and as abstract as a client's adopting a different perception to describe the "voice" she heard.

About a fourth of the time (11 out of 40) the client addressed the problem first and the therapist persisted in discussing it. In the remaining three fourths of the cases, the therapist initiated the persuasion attempt by making an issue of a topic on which information had just been received. Interestingly, the subjects of persuasion attempts are usually of two kinds: taking responsibility for such tasks as getting a job, controlling one's weight, and participating in male-female relationships or changing one's behavior in regard to medications, drugs, and "crazy" episodes. Changes are also contemplated with respect to therapy-related issues such as terminating the therapist-client relationship and hospitalization. Of the 40 passages analyzed, no particular verbal content could be isolated as characteristic of "successful" persuasion attempts. Successful is being used here to refer to the client's change of verbal stance during the therapy session. In addition, no patterns of stylistic negotiation consistently coincided with a client's change of stance verbally. However, two different paths of a persuasion effort have been developed to clarify what distinguishes a persuasion sequence from other contents of a therapy session.

The first path of a persuasion attempt originates when the therapist is using confrontive strategies and the client responds in a passive manner. The following passage illustrates the end of a persuasion attempt encouraging the client to change her attitude about her weight.

T: What's your goal for this week about weight?
(Confrontive)

D: Not to gain any more. (Passive)
 T: Not hassling yourself about weighing 175?
 (Confrontive)
 C: Yeah. (Passive)
 T: How will you look out for Betty next week:
 (Confrontive)
 C: OK(Pause) I guess/ (/ meaning therapist interrupted)
 (Passive)
 T: I guess? (Confrontive)
 C: I suppose (Passive)
 T: I suppose? All conditional, Parent words. One
 handicap is that you're in a place that requires
 you to be there six days a week and you can't get
 off. So what will you do, got three minutes left.
 (Confrontive)
 C: Uh (rubs hands together) OK...not hassling myself
 would be one way of taking care of myself. (Passive)
 T: OK (Supportive)

Of the 15 sequences illustrating successful persuasion attempts, ten were characterized by a combined style featuring a confrontive therapist and a passive client. The combined style used here was the one dominating those interchanges actually involved in the persuasion effort. Three exceptions were noted to this linking of combined styles and successful persuasion attempts: (1) when the client was extremely passive and did not participate enough to be certain a decision was made; (2) when the therapist became supportive after introducing the decision and the client asserted the decision without further prodding from the therapist; and (3) when the client became assertive at a crucial point of making a decision and creating uncertainty as to whether the client actually made a decision.

The second path of a persuasion attempt begins at the point where the client balks at making a decision. Six alternative actions have been identified as interceding in the

persuasion process at this time. The first alternative is initiated by the therapist who changes his/her demands on the client as in the following persuasion attempt involving the client's walking to get into shape in preparation for job hunting:

- T: You should walk 20 blocks three times a day.
(Confrontive)
- C: I wouldn't get very much else done...it takes
45 minutes. (Assertive)
- T: What's more important than this? How about
twice a day? (Confrontive)
- C: I can try it. (Passive)

The second and third alternatives involve altering the topic; in the second alternative, the client initiates the change in focus of the conversation; and in the third, the therapist. The following excerpt illustrates a persuasion attempt where the therapist encourages the client to alter her perception of the voices she hears:

- T: The difference is I see it as a reaction to
something my mother said and I don't actually
think it's a voice. (Confrontive)
- C: I hear voices and I think it's real people who
I've talked to...I thought I heard my husband's
voice...someone was walking down the hall...and
I was thinking maybe it was my husband. It was
just the manager. That was strange. (Assertive)
- T: Did he sound like your husband? (Supportive)
- C: Yeah...I thought he was checking up on me...
(Assertive)

This example where the client subtly shifts the topic is contrasted with the following illustration of a third alternative where the therapist initiates a new conversational focus:

- T: ...You're not doing anything to get a job. I
can give you a suggestion. What I would do is
get a paper early everyday, go through the want

ads, check things that attract you. Everyday cut out the ones that might interest you...go get an interview, not for a job, just for the experience of it. The next time we could talk about it. (Confrontive)

C: I've gone on interviews before. (Assertive)

T: One reason I'm suggesting that. It would give me an idea of your interests...there's something wrong with this area and it's a way to investigate it without getting a job which I don't want you to do. (Pause) It's worth a try. How about your educational background? (Confrontive)

C: I went to Portland Community College. (Passive)

A fourth alternative to the continual pressing of an issue when a client is hesitant in making a decision is for the therapist to shift styles, as illustrated below:

T: Are you ever going to grow up? (Confrontive)

C: I don't know, maybe not...(Passive)

T: It's like the future is really fuzzy...no plan? (Confrontive)

C: Not Really...(Passive)

T: And things you like you don't want to do? (Confrontive)

C: Like what? (Passive)

T: Be thin, happy, smart? I don't think you have a plan for being thin but for being smart. (Confrontive)

C: Yeah, I do...I really don't want to be a computer operator but it's the only field I can go into...you can become supervisor of keypunching...it doesn't turn me on...if I weren't working with such a nice group of people, I'd probably quit...you know, they accept me...I go to socialize more than anything...I don't get out when I'm home...you're looking right through me. (Assertive)

T: I guess I'm really curious about someone who has such a grasp on a problem but doesn't want to make changes...I'm thinking of the weight. (Supportive)

C: Yeah, you're right. (Passive)

The fifth and sixth alternative conclusions to unsuccessful persuasion attempts involve uses of nonverbal behaviors--pauses and laughter. The following except occurs near the end of an interview after lengthy discussions on

the client's seeking a job:

- T: Sometimes you have to knock at the door...
 what you're saying isn't reasonable...I think
 you're going to have to deal with welfare
 and deal with us...(long pause) What are you
 thinking: (Confrontive)
- C: I have my own ideas of where and how I want to
 live. (Pause) (Assertive)

As in this instance, pauses at the end of a persuasion endeavor may indicate the client's unwillingness to change in the direction desired by the therapist. Pauses may also substitute for a reply as in the example given earlier where, following the pause, the therapist changed the topic without seeking a reply from the client. In addition to the nonverbal communication of pauses, laughter may also characterize the end of a persuasion attempt and often creates a certain ambiguity about whether the client is or is not conceding to the therapist's point. Moreover, several interpretations of laughter can be made. In the first of the next two passages, the laughter is obviously shared in a type of joking fashion:

- C:...Last time when Neil was in, he said we should
 go away a week together. Don't tell him that.
 (Assertive)
- T: Goddamn it, you tell him...(Confrontive)
- C: Well, sometimes I do and sometimes I don't...
 What I'd like for you to do is be firm with
 him...you would/ (Therapist interrupts)
 (Assertive)
- T: Like me to reshape him too. (Confrontive)
- C: Mentally he's soft...(Assertive)
- T: You have alot of work to do too. (Confrontive)
- C: I know but I can't work on him too. (Assertive)
- T: Yes, you can (Confrontive)
- C: I never have time to think of him. (Assertive)
- T: Are you a glob of jelly? (Confrontive)
- C: No. (Passive)
- T: A soft-boiled egg? (Confrontive)
- C: Yeah, that might be right. (Laughs) (Passive)

Despite the recognized jocular nature of the ending of the persuasion attempt, the ambiguity of what was decided is pervasive. Also ambiguous is the client's feeling about the persuasion attempt. In the next persuasion attempt involving laughter as an alternative, the laughter appears to indicate that the client does not wish to change stances and at the same time finds herself agreeing with the therapist:

- C: ...He always says do you want to do this and I say yes. I don't really want to but I don't say why. (Assertive)
- T: ...Why can't you say you have other plans? Because you're giving him a double message... (Client laughs) (Confrontive)
- C: I always feel if I say no I won't be asked again...but it's the idea (Both laugh) (Passive)
- T: I hear you saying loud and clear you're on your own. If someone can't handle it, then you may not need them...you may have to change but you won't know until you do it...Of course, you're upset because you don't know where you're at. (Confrontive)
- C: If I could just do it. (Laughs) (Passive)

One can easily define the laughter as a function of the client's anxiety or embarrassment about the persuasion process. Yet, it appears that either the nonverbal element of silence or laughter often leaves a persuasion effort in an ambiguous, undefined state.

As noted earlier, the styles surrounding persuasion attempts were examined in order to determine if successful and unsuccessful persuasions could be differentiated by styles. It should be noted that the styles here are referring only to the strategies employed in the interchanges coinciding with the persuasion attempts. While 63 percent of all successful persuasions are associated with a combined style

where the therapist is confrontive and the client uses passive strategies, in 65 percent of the unsuccessful attempts at persuading the client to change, the client used assertive strategies in the main. However, any conclusions based on this apparent association of styles and success in persuasion attempts has to be qualified because the distinctions are not sustained when persuasion attempts are examined per therapist. The following table summarizes the findings about persuasion attempts.

After studying the table, one could conclude that styles appear to be more a function of the therapist involved than an association with success or lack of success of a persuasion attempt. However, even such a tentative conclusion must be somewhat qualified. Reasons for qualifying the conclusion include the smallness of the sample in the case of Therapists C and E and even when the sample was adequate, the distribution was skewed so that a therapist could be characterized as successful or unsuccessful in regard to persuasion attempts; of the two "directive" therapists with a sufficient sample, B and D, the interviews appear in direct contradiction in terms of rates of success. However, most of the persuasion attempts by Therapist D transpired in initial interviews while those by Therapist B occurred almost wholly in sessions with clients already seen for at least three interviews. Indeed, the two unsuccessful attempts by Therapist B occurred in a second interview with two different clients.

What may be suggested by these results is that in the

TABLE II

PERSUASION ATTEMPTS PER THERAPIST

	THERAPIST					
NUMBER OF INSTANCES:	A	B	C	D	D	TOTAL
Successful	2	10	2	2	0	16
Styles Involved:	Confrontive, Passive (1)* Supportive, Passive (1)	Passive, Confrontive(8) Assertive, Confrontive- Supportive(1) Confrontive, Assertive- Passive (1)	Supportive, Assertive(1) Confrontive, Assertive- Passive (1)	Confrontive, Passive (1) Confrontive, Assertive- Passive (1)	-	
Unsuccessful	11	2	2	8	1	24
Styles Involved:	Supportive, Assertive(4) Confrontive- Supportive, Assertive (3) Confrontive, Assertive(1) Confrontive, Assertive- Passive (1) Confrontive- Supportive, Assertive- Passive (1) Supportive, Assertive- Passive (1)	Passive, Confrontive(2)	Supportive, Assertive(1) Confrontive, Passive (1)	3:Confrontive, Assertive(3) Supportive, Assertive(2) Confrontive- Supportive, Assertive- Passive (2) Confrontive, Passive (1)	Supportive, Assertive (1)	
Total Number of Persuasion Attempts:	13	12	4	10	1	40

*The number in parenthesis indicates the number of instances

case of "directive" therapists, clients either change their stance as encouraged by the therapist or drop out of therapy. In the case of the two "non-directive" therapists, A and C, the persuasion attempts lacked the degree of intenseness associated with the corresponding attempts by the "directive" therapists, except in crisis instances. For example, the persuasion attempt of Therapist C was quite intense when dealing with a "suicidal" client. Nonetheless, the attitude toward persuasion attempts gathered from informal communication with the therapists seems to diverge but to correspond with the self-labels of "directive" and "non-directive." The former appear intent on a verbal change of stance by the client within the therapy session while non-directive therapists indicate that they are not so much concerned with the client's changing during the therapy session as outside of the therapy session. In summary, at this time it is difficult to ascertain exactly what effect a client's strategies have on the persuasion process, although the therapists' general orientation appears to have some impact on the process.

Information Exchange: An exchange of information often comprises the major portion of a therapist-client interview, especially during the first few interviews. Indeed, one therapist remarked how he explicitly devotes attention to the past background and the present circumstances of a client in the first two or three sessions. These two topics also appeared in the most common denominators of the client's

information in all the interviews analyzed. Similarly, information that a therapist gives to a client usually involves the therapist's relevant personal experiences and/or concepts from a particular therapy such as Transactional Analysis that the therapist employs. In order to systematically examine information transactions, the kinds of exchanges will be discussed within the four combined styles as illustrated in the methodological scheme.

Three types of transactions have been identified with combined style one, where the therapist employs supportive strategies and the client demonstrates an assertive style. In discussing this combined style as with the other types of combined styles, the combined style characterizes the few specific interchanges in which a particular type of information is shared. Initial interviews and almost half of all interviews (19) are begun in this style. The general question, asked by the therapist, allows the client to inform the therapist about relevant circumstances in his/her current situation. In addition, whenever a client is extremely talkative and the therapist assumes a listener's role with an occasional comment, the information exchange is characterized by the styles in cell one as noted in Figure one, on pages 20-21. A final yielding of information in these styles occurs when a client challenges the therapist, who produces the information desired by the client.

However, if a client challenges the therapist, the therapist may also respond with a confrontive style, which

often means ignoring the client's question and presenting another issue. Indeed, there are three other circumstances in which the combined styles in cell two (see figure one) are associated with sharing information in a session. For instance, a therapist may begin a topic with a specific question, a confrontive strategy, and instead of merely answering the question, the client will volunteer additional information, an assertive technique. Moreover, therapist and client may begin sharing past and present experiences within a confrontive-assertive stylistic context. Finally, a therapist may challenge a client and the client may respond in an assertive manner such as volunteering additional information, switching the topic, challenging the therapist, and so forth.

Although combined styles as set forth in cell three do not materialize as frequently as the other three combinations, the supportive therapist and passive client appear to be engaged in a struggle to obtain necessary insight into the client's situation. For instance, a client may be reticent regarding a specific topic so that the therapist utilizes reflective statements and other supportive strategies in an effort to draw out the client. In such a situation, a therapist otherwise consistently confrontive summarizes information given by the client and thus becomes supportive, at least momentarily. Whenever a therapist asks for clarification and the client responds as requested, the supportive-passive style framework is also invoked.

Within the last combination of styles--a confrontive therapist and a passive client--there are four different types of information transactions. The styles are often utilized by a therapist desiring specific information with a compliant client and this particular combination of styles often occupies almost the entire interview. In addition, when the therapist asks the client a "why" question, the client may satisfy the therapist's query with a simple phrase, often starting with "Because..." Using another confrontive strategy, the therapist may impute certain qualities of the client which the client confirms. A final illustration of a confrontive-passive exchange of information transpires when the therapist delivers a type of lecture explaining a concept or idea to the client and the client remains passive by asking merely clarifying questions, by agreeing, and so on.

Before concluding this section on information transactions, the role of the nonverbal elements of pauses and laughter can be inspected. In examining the pauses, they were found to be associated more often with a client seen as using a passive strategy. Such a finding illustrates a distinctive quality of a passive style--its more reflective pace. However, exactly what the meaning of pauses indicates depends to an extent on the verbal context. The next two passages illustrate pauses which can be interpreted in divergent ways because of the verbal context.

T: Why is the question of particular concern to

- T: Why is the question of particular concern to you now?... (Confrontive)
- C: Hmm (Pause) I feel like I would like to date and I tend to, so far it hasn't been that long. I haven't met any white men I would care to get to know. I can just see a black man walking down the street and I think I'd like to get to know him. It bothers me. (Passive)
- ...
- T: What have you learned about yourself through your relation with Allen? (Confrontive)
- C: Let's see. (Pause) I feel I've, let's see. (Pause) Well, I feel like I've learned more about being a woman. (Passive)

- T: If you were going to commit suicide, Marvin, how would you do it? (Confrontive)
- C: Uh (Pause) I might (Pause) I don't know, I'd find someday. (Passive)

In the first selection, one is uncertain as whether the client's pauses signify merely reflectiveness or also indicate a reluctance on the part of the client to provide the therapist with the solicited information. However, in the second instance, one would probably attribute the quantity of pauses to the depressed state of the individual. In any case, the pauses meaningfully reflect on the exchange of information. (see Speier, 1973: 105)

Laughter is also just as evident as pauses in information transactions. Experiences given in a narrative form by a client often evoke laughter from the listening therapist, or a therapist may laugh at his own experience while narrating it. However, the laughing together about certain bits of information seems to be reserved for long-term clients. In addition, the amount of laughter occurring in any particular session appears to be partially a function

of the therapist's manner and partially a function of the therapist's judgment of the crisis-like nature of the client's situation.

In conclusion, it appears that in the main the therapist directs the conversations yielding information, but it should also be noted that the client may control the information released by using pauses to delay responding and by selecting how to respond to the therapist's questions.

The Process of Opinion Giving: In contrast to an exchange of information which occupies a majority of the minutes spent in dyadic therapy sessions, the giving of opinions transpires at crucial times throughout therapy sessions, often after the information about a subject has been more or less depleted. Indeed, almost any topic can be transformed from an informational state to an issue of opinions. For instance, opinions often center on the client's attitudes toward problems and changing his/her problems but may also include a therapist's opinion of what a client should do and a client's regard for the therapy session. Opinions have been differentiated from persuasion attempts by length; that is, if the therapist's advice is found in an isolated interchange, the advice has been classified as an opinion rather than a persuasion attempt which must stretch over two or more interchanges, as previously defined. In identifying the combined styles immediately surrounding the giving of opinions, it was noted that it is the client's style rather than the

therapist's strategies which differentiate agreement and disagreement of opinions. Accordingly, this discussion of styles and opinion giving will first consider exchanges where the client maintains a passive style and then discuss occasions when the client employs assertive techniques.

Agreements between therapist's and client's opinions on issues occur when the client demonstrates a passive style regardless of the therapist's style. There are several variations of the process: the therapist may suggest an alternative and the client agree; the therapist may state his/her opinion and the client validates the former's stance; the therapist may seek an opinion from the client and the client complies; the therapist may give his/her opinion in the form of a question which the client confirms; or the therapist may state an opinion after which the client asks a clarifying question and the therapist restates an opinion with which the client then concurs. The commonality of all these variations is the client's style which is characterized by responding agreeably and allowing the therapist to continue to direct the interaction.

In contrast, when the client employs assertive techniques in an opinion-sharing situation, disagreements between the two persons are sometimes realized with the result that one participant shifts either the style or the content of the interaction. For instance, following a clash of opinions on a particular issue by therapist and client, the interaction may change the topic being discussed or the therapist may change

to a strategy of the other style. However, in a minority of incidents, the assertive client may agree with the therapist's opinion, but the client does not merely agree but supplies unsolicited information and perhaps in so doing also alters the flow of the conversation.

The pauses noted in opinion-giving sequences reinforce the distinction between the consequences of an assertive as opposed to a passive strategy used by a client. In the first segment cited, the pauses reflect the extremely quiet mood of the client which has permeated the interview:

- T: Let's try something else...let's go off on a different tangent...how would you like to function so we could say goodbye, it's nice knowing you?
 (Pause) Is that difficult? I'm trying to get an idea of how much work we need to do...(The therapist tells some of his opinions about the client's separation and depression.) I don't know if your concentration causes you problems at home, on the job or where. I would understand your feeling low would affect you alot but I don't understand what you might like to do about them. Do you see my point? (Confrontive)
- C: (nods) (Passive) (Pause)
- T: Did I ask too many questions?...So what do you think about what I've been saying? (Confrontive)
 (Long pause)
- C: I think I still do have problems with decision-making. (Passive)

Although the client has been basically agreeable, her extreme passivity in this opinion-giving section definitely produces some uncertainty as to how she will respond. A similar situation develops between a client and therapist in the next segment, but the immediate framework is confrontive-assertive. A discussion of whether the client will attend a meeting precedes these lines:

- T: Well, it seems to me it helped you get your feelings out and there are people there you can help. (Confrontive)
- C: I can help? (Assertive)
- T: By sharing. Like people you called, I can see the group as helping you get on your feet. I have the feeling part of your problem is bottling up your feelings and it's a good place to get it out. It's up to you, but I think people would like to see you come back. (Long pause) (Confrontive)
- C: What time is the meeting tomorrow? (Assertive)

The pause, although ambiguous, seems to signify an unwillingness on the part of the client to agree with the therapist, especially since the client's remark shifted the focus away from the import of the therapist's opinion.

In contrast to pauses which appear to be a technique most advantageously utilized by clients in opinion-giving periods, laughter is most often skillfully employed by therapists in giving opinions. For instance, a therapist may communicate an opinion of a client's statement by some kidding remarks.

- C:...I wish I'd never gone to the hospital.
I wish I'd got a job out of high school.
(Assertive)
- T: I have my magic wand in my drawer. Want me to get it out? (C shrugs)...(Confrontive)

In addition, many incidents transpired where the therapist would deliver an opinion more or less critical of the client with a laugh:

- T: I'm inclined to say what are your list of excuses for not doing anything this week? (laughs)
(Confrontive)
- C: How do you know? (Assertive)

- T: You don't think...(laughs) it sounds like you're afraid of the responsibility...(Supportive)

C: Yeah...you have to be accurate. (Assertive)

However, the therapist may also laugh when complimenting the client.

T:...I told you a long time ago...I thought you were attractive...but you wouldn't believe it.
(laughs) (Supportive)

C: Everyone thinks differently. (Assertive)

Such uses of laughter by a therapist illustrates how the opinion giving is almost accentuated for the client who often responds assertively, as illustrated in the three cases above.

To summarize this section on opinion exchanges, emphasis should be placed on the unique function for disagreement of the clients assertiveness. In addition, the ambiguity created by the pauses following the announcement of an opinion by the therapist and by the laughter accompanying certain opinions given by a therapist illustrates the lack of clarity as to whether agreement or disagreement is a more appropriate description of an opinion exchange.

The Interchange of Opinions and Information: Although the two preceding sections have identified information and opinion exchanges as distinctive portions of a therapy session, perhaps the more frequent situation is only a momentary dwelling on information before a switch to opinions is made and vice versa. In short, whether a statement is regarded as information or opinion is typically a negotiated content.

Thus, whether a statement is defined as information or

opinion depends on the response of the other participant. The following example illustrates a not uncommon occurrence where the therapist appears to be seeking an opinion--an attitude--and the client responds as if the therapist sought information.

- T: I wonder what going through another divorce, what that would make you feel about yourself... (Supportive)
- C: I don't think...well, I felt bad after the first one but I didn't have to stay...I came to Portland. (Assertive)
- T: How would you feel about yourself? (Confrontive)
- C: I'd go to eastern Washington...the climate you know, the air's cleaner, have you always lived in this climate? (Assertive)

In addition to a content negotiation, the transition between opinions and information is often characterized by negotiations of styles, as noted especially in regard to the therapist-initiated changes found in patterns five and seven. For instance, one way of switching from opinions to information is demonstrated by the following passage which can also be characterized as representing a pattern seven negotiation:

- T: My fantasy is that as you were growing up, you were on the periphery of a group. (Supportive)
- C: Yeah, it's not a fantasy. I'm getting used to that word, cause you're usually right...I had to talk or be responsible for the way I acted, I'd rather not open my mouth and show my ignorance. (Assertive)
- T: Back to your family...(Confrontive, followed by passive response by client)

In an attempt to systematize the discussion of the transition from opinions to information or from information to opinions, the usual circumstances surrounding these

changes will be identified. The first of four types of situations in which the conversation shifts from information to opinions is probably the most common--the shift to opinions acts as closure on a topic on which information has been shared. Also in the "middle" of a conversation, the client may question the therapist regarding certain information and the therapist responds instead with an opinion. The reverse of this situation also occurs. That is, the therapist requests information from the client and instead the client volunteers an opinion, often followed by a counteropinion by the therapist. A final situation where the transition from information to opinions occurs which is often overlooked because of its subtlety, is a speaker who changes from giving information to delivering opinions within a single turn at speaking.

Similarly, conditions under which opinions are transformed into information have been isolated. If opinions are exchanged at the end of a prior discussion on the topic, either the therapist or client is likely to introduce a new topic on which to share information. Further, there exist at least three options following a clash of opinions: the therapist may question the client to obtain information which will confirm or disconfirm the client's opinion; the therapist switches to sharing personal experiences which corroborate his/her opinion and to which the client responds as if the experiences were information rather than opinion; and a client may substantiate his/her

opinion by providing relevant information. Finally, where there is agreement on opinions, either the client or therapist may switch by providing information to support the consensual stance.

Since these changes from one type of exchange to another are quite rapid, pauses are usually absent but laughter is used as a device to ease through the change. For instance, laughter can be used to bridge a gap between information the client offers and an opinion given by the therapist with respect to that information.

C: ...They asked me if I was dependable (laughs)
(Assertive)

T: You seem dependable to me... (Supportive)

In addition, laughter here also appears to communicate the client's embarrassment over the issue of dependability. The therapist may also attempt to obtain information from the client and failing to receive it, assert an opinion accompanied by laughter, as in the following passage.

T: What could you do if you weren't feeling so bad?
(Confrontive)

C: What could I do if I weren't feeling so bad...
Well, possibly do more things for myself/
(Passive)

T: I was just wondering if you were wallowing in it
(laughs, C smiles) Don't bring it down here to
wallow in... (Confrontive)

C: Well...God damn it...there's some legitimate times
to feel shitty and depressed... (Assertive)

Moreover, laughter may have a double function when dissipating the impact of a remark and easing from the opinion into information.

C: I figured Dr. _____ knew... (Assertive)

T: Don't figure that, OK (laughs) How are you

doing now? (Confrontive to Supportive)

C: OK, I'd like to lose some weight. (Assertive)

Just as laughter characterizes the transition between opinions and information, so do certain words which occur prominently in such transitions. In the following illustration, contrasting uses of one prominent word in therapy sessions-- "feel"--demonstrates a transition between opinions and information.

C:...I feel I'm making changes. (Assertive)

T: How do you feel as a result of the changes?
(Supportive)

C: I felt good, she (mother) did too. We weren't playing mother and son, but acting like adults...
(Passive)

This passage illustrates the ambiguity of an exchange about how the client feels. That is, the client's first statement and the therapist's question appear to be opinions but the client's response indicates his interpretation of the therapist's question was one seeking information. In identifying the various portions of sessions involving the use of "feel," two types of responses have been classified as informational responses: when the client or therapist indicates a past feeling or predicts how he/she will feel and when the client's feeling is discussed as a topic in itself. In addition, uses of "feel" may indicate an attitude or opinion: when the topic has centered on opinions and switches to a similar discussion using the more subjective rhetoric of "I feel..." rather than "My opinion is....:" when the therapist is seeking an opinion from a client; by using the rhetoric of feeling and when the

feeling is identified as the current mood or attitude of therapist or client. Finally, it should be noted that dependence on responses for the meaning of strategic phrases or words not only permeates the use of "feel" but also characterizes the transitions between opinions and information.

A Summary: Formal and Content Negotiations

As noted throughout this chapter, contents impinge on and are impinged upon by the forms of the interview. However, the negotiations of style and the negotiations of content do not significantly overlap except in the transition between opinions and information, a negotiation process which was not anticipated prior to the data analysis. Also significant is the role of pauses and humor in the interview; pauses occurred in closer conjunction with certain styles, particularly the client who exhibits passive strategies. Humor was most understandable when linked with a distinctive content such as opinion giving by the therapist and embarrassment over revealing certain information or over yielding in a persuasion effort by the client. Considering the results, the style/content distinction appears to be a systematic and useful way to explore negotiation processes within therapy encounters.

CHAPTER IV

THE PROCESS OF THE INTERVIEW

Introduction

The two preceding sections discussing various forms and contents of a therapy session have attempted to define and characterize more microscopic portions of the interview than will receive attention in this chapter. In short, the process enveloping the various forms and contents will be the subject of the present analysis. Moreover, what will be investigated is how various units, segregated thus far, such as negotiation, non-negotiation and persuasion attempts, affect the "flow" of the encounter. In addition, in order to systematically investigate whether the differences in flows--a depiction of all the interaction in the interview by a sketching of the styles as progressively employed by the two participants--are merely a function of the therapist's direction or whether the interaction is a key element in developing or diverting the direction of the flow, the flows of the various therapy sessions will be segregated according to the therapist involved.

Relevant Operational Definitions

Before investigating the sessions associated with Therapist A, some terms to be employed necessitate some

clarification. In order to summarize the process of a session, it is displayed by a flow chart, a graphic depiction of all the interaction in an interview by sketching the progressive use of style by both parties. Three different approaches were tested. First, there was an attempt to identify a trend for each flow chart such as multiple stylistic changes in the first half of the interview with a gradual evolution into one fixed combined style in the second half. However, of the 41 interviews, only four or five even slightly resembled any type of trend. Second, the flows were analyzed to discover the fixed sequences following various forms of the interview. That is, all Therapist B's interviews were investigated to see if a common sequential pattern could be identified, such as non-negotiations initiated by a client usually being succeeded by a therapist-initiated negotiation or non-negotiations initiated by a therapist commonly followed by a client-initiated negotiation. For Therapists B and E, this method clearly differentiated a majority of the interviews from a small collection of exceptions to the sequential patterns found in the majority. However, for the sessions involving the other three therapists a sequential pattern was not clear enough.

Thus, a third approach was investigated. This last approach was found to coincide in every case with the sequential pattern but was a much clearer indication of patterns of flows for interviews involving all therapists. The emphasis of this interactional pattern was on the flexibility of both

therapist and client in relation to each other as far as making stylistic changes is concerned. Two dimensions of flexibility were isolated--initiating stylistic changes and reciprocating stylistic changes. The number of stylistic changes initiated by therapist and client was the combination of therapist-initiated negotiations and non-negotiations and client-initiated negotiations and non-negotiations, respectively; the number of stylistic changes reciprocated by the therapist was equivalent to the number of client-initiated negotiations, and similarly, those changes reciprocated by the client corresponded to the number of therapist-initiated negotiations. By comparing the number of reciprocated changes by the therapist to the total number of stylistic changes initiated by the client, the percentage of changes reciprocated by the therapist was derived. Likewise by comparing the number of reciprocated changes by the client to the total number of stylistic changes initiated by the therapist, the percentage of changes reciprocated by the client was calculated. What was sought was a generalization as to whether therapist or client initiated more stylistic changes and which of the two reciprocated more stylistic changes.

The following example will perhaps clarify somewhat the procedure for deciding who was classed as the initiator of changes and who was identified as the greater reciprocator of changes. In an interview, if the therapist had initiated two non-negotiations and 14 negotiations or 16 stylistic changes while the client had initiated ten non-negotiations

and two negotiations or 12 stylistic changes, then the therapist would be seen as the initiator of changes (16 over 12). In addition, since the client had reciprocated 14 of the 16 stylistic changes initiated by the therapist, the client's percentage of reciprocated changes would be 88 percent. However, since the therapist had reciprocated only two of the 12 stylistic changes initiated by the client, the therapist's percentage as a reciprocator would be a mere 17 percent. Thus, the client would be identified as the one who reciprocated more often. The generalized flexibility pattern of the interview would thus be therapist as initiator and client as reciprocator. Incidentally, "even" will be used to describe a situation where therapist and client initiated stylistic changes which do not differ by more than three changes.

Why this particular interaction pattern featuring flexibility is significant will be shown in the investigation of the sessions which follow. This type of pattern will usually be preceded by the adjective "interaction" or "flexibility" to indicate its difference from a negotiation pattern. To be sure, the interaction patterns can often be seen as a continuum having at one extreme an imbalance with the client being both initiator and reciprocator, having a middle where the therapist and client are more or less even or extremely close in the amount of initiating and reciprocating done, and having the other extreme where the therapist appears to be the only flexible member, both initiating and

and reciprocating more changes than the clients. For each therapist, a typical interaction pattern can be identified and also "exceptions" to the pattern can be identified. It should be noted that "exception" is used here to indicate any pattern differing from the "typical" interaction pattern for a therapist.

By comparing various dimensions of the sessions composing the typical flexibility pattern and those differing from that pattern, hopefully some hypotheses may be generated concerning those features of an interview which disrupt the set order of the flow. Moreover, the sessions illustrating the typical pattern and those differing from that interaction pattern can be arranged on a continuum. That is, if the flexibility pattern which is typical and the one which is "exceptional" differ in the proportion of changes reciprocated, then the protocols may be placed on a continuum beginning the series with the case which involves the greatest discrepancy between therapist and client in percentage of changes reciprocated and ending the series with the case having the least gap between the parties' rate of reciprocation. The conditions or dimensions of the sessions to be investigated in a comparative fashion are found by answering the five questions which follow:

- (1) If the clients differ between sessions, are there any dimensions of the client which appear to influence changes in the flow of the interview;
- (2) Can the protocols be differentiated by the total quantity of interchanges or by the ratio of stylistic changes to the total quantity of

interchanges;

- (3) Do the typical patterns and the flexibility pattern not fitting the typical one differ in the degree to which each participant uses a "predominant" style; (The predominant style will be calculated by simply counting the moves a client or a therapist make within each type of style with the style appearing more often labelled as the one prevailing in the interview);
- (4) Are the contents of the two types of interviews different;
- (5) Do the typical interactional patterns demonstrate one particular stage of the therapist-client relationship while the interaction patterns not conforming to the typical pattern represent another stage; for instance, does the typical pattern have sessions clustering in an early stage while the exceptional pattern is found in an interview occurring in a middle stage.

It should be mentioned that the sequential flows coincide in all cases with the differentiation indicated by the flexibility patterns. That is, whenever an interactional pattern differed from another, so did the sequential flow differ in some manner. Thus, the sequential flows will not be seen as conditions for the different flexibility patterns but as more thorough descriptions of the differences between the typical interaction pattern.

Sessions Involving Therapist A

As mentioned earlier, 14 sessions involving Therapist A are recorded in protocols. Of these 14, eight involve a client who will be identified by the number 1, four involve Client 2, and two involve Client 3. The flexibility pattern characterizing ten of the 14 interviews by Therapist A is where the therapist initiates more stylistic changes and the

client reciprocates more of the changes. However, with each client, the discussion will be segregated into the particular client-therapist relationships. The eight flow charts featuring interactions between Therapist A and Client 1 will follow. For ease of the analysis, the last two flow charts will feature the exceptions to the typical flexibility pattern while the others will be arranged more or less according to a continuum with the most extreme examples of the typical pattern appearing first.

Before exploring the data, a few explanatory notes may be helpful. First, the flow chart (see Figure 5) represents the entire interview reproduced in a graph which shows the four styles developed in the methodological scheme. The points are connected in order to indicate the consecutive moves of the therapist and then the client, then the therapist again, and so forth. The two horizontal lines on this particular graph represent the division of therapist and client moves. A/crossing of the line indicates a single move. Other indication on the chart will be the forms of the interview as outlined in the preceding chapter and abbreviated on the flow charts and the occurrence of all persuasion attempts. Second, the protocols will be coded to indicate three items of information: the therapist involved, the client participating, and the chronological order of the sessions observed. For instance, the following figure will be coded as A-1-7, indicating that Therapist A and Client 1 were the participants and it was the seventh session observed between these two participants.

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

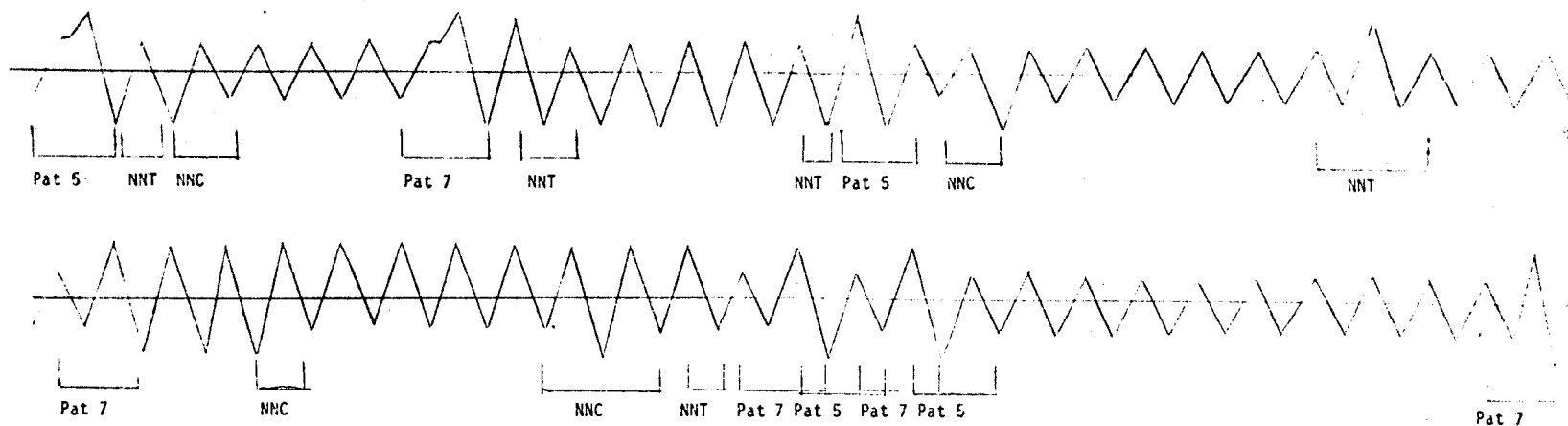


Figure 5. Flow Chart of Protocol A-1-7

Legend:

- * Flow continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

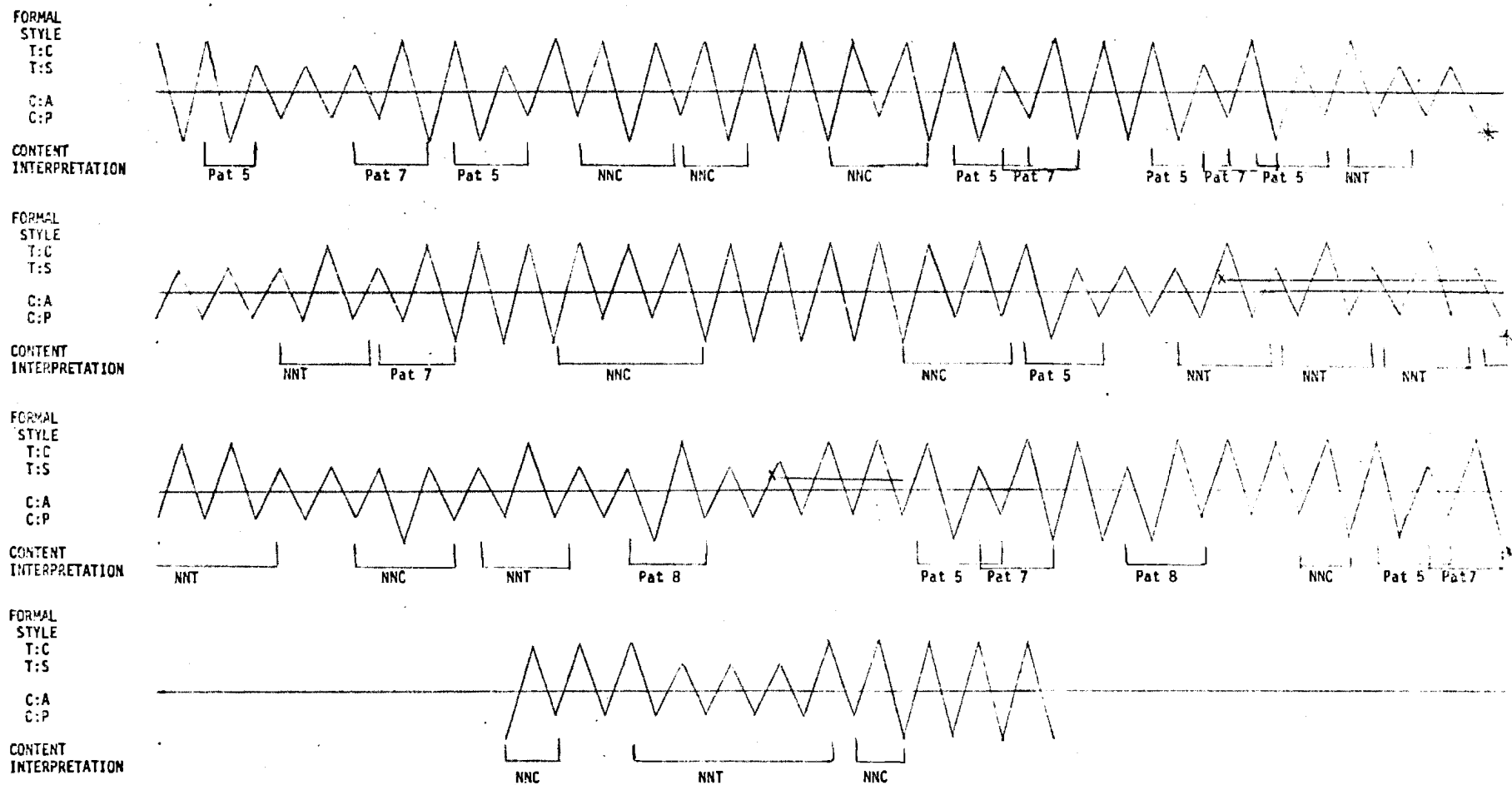
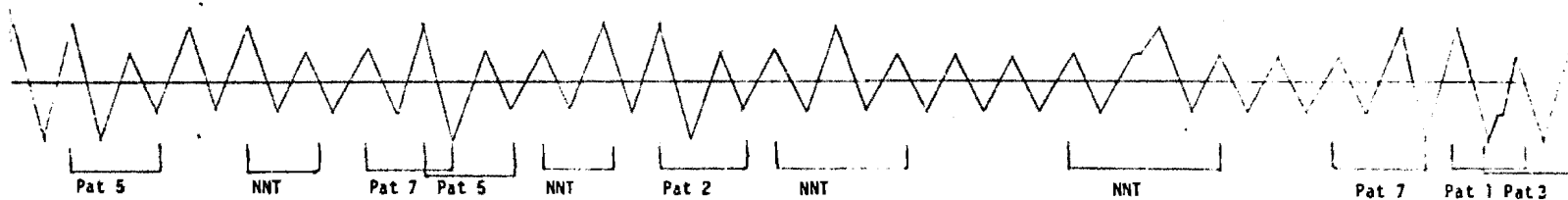


Figure 6. Flow Chart of Protocol A-1-4

FORMAL
STYLE
T:C
T:S

C:A
C:P

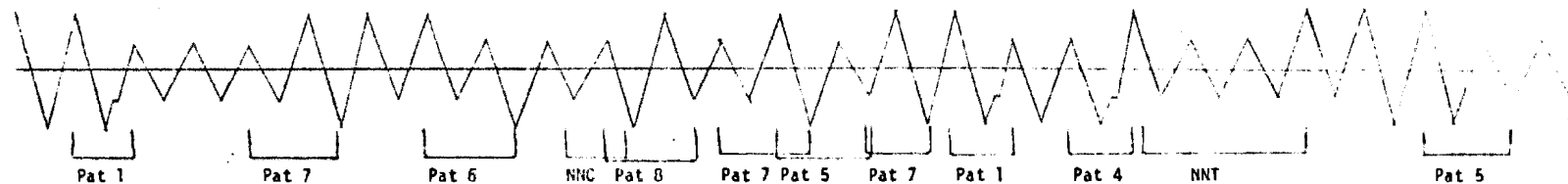
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

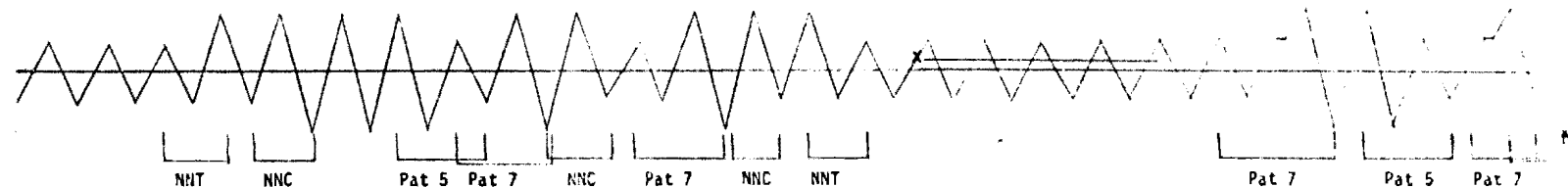
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

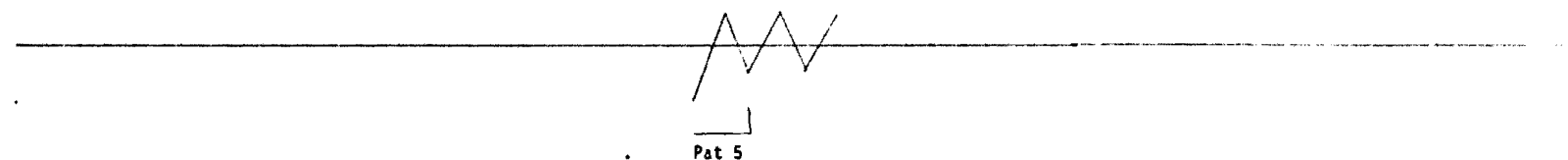
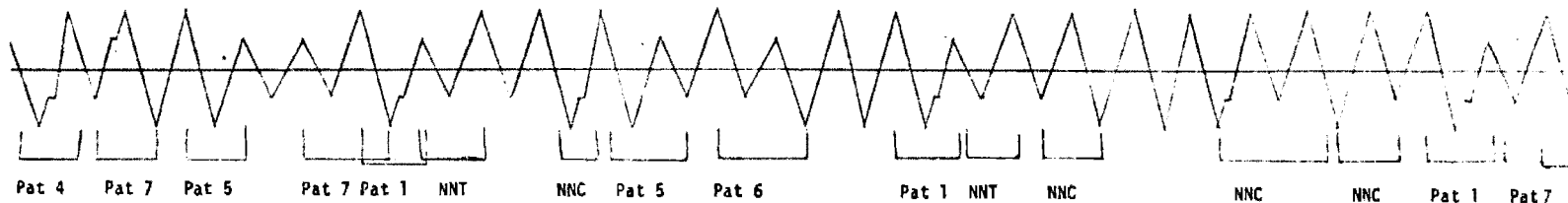


Figure 7. Flow Chart of Protocol A-1-2

FORMAL
STYLE
T:C
T:S

C:A
C:P

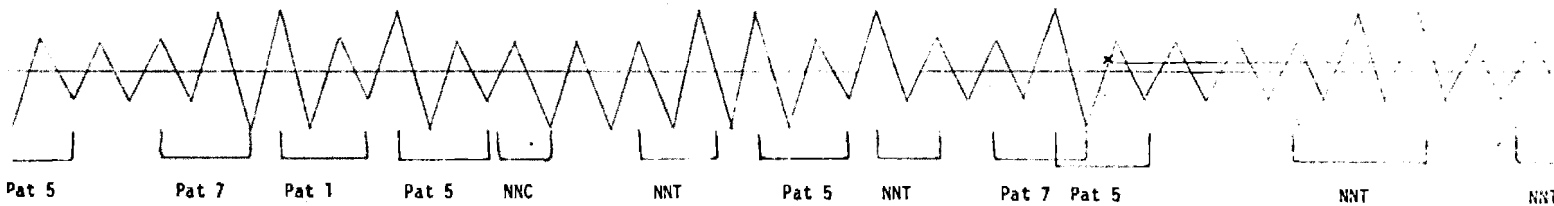
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

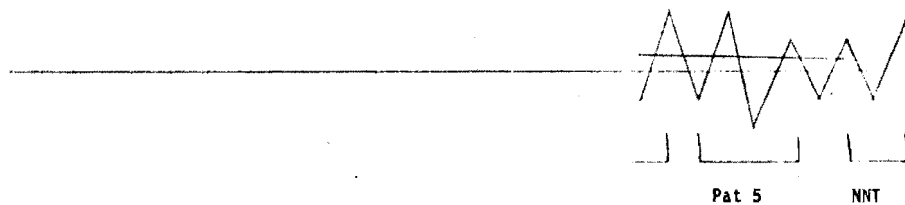
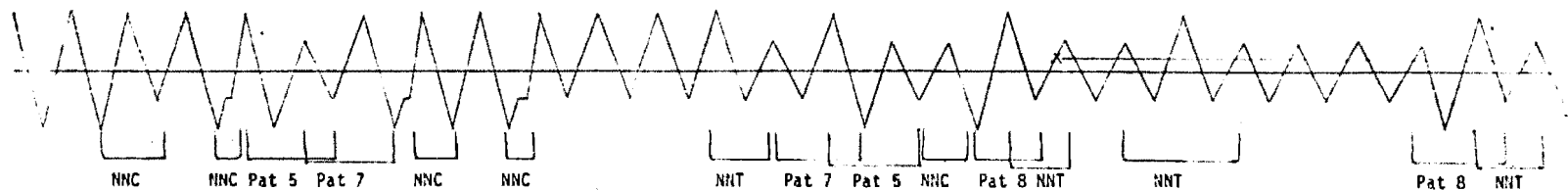


Figure 8. Flow Chart of Protocol A-1-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

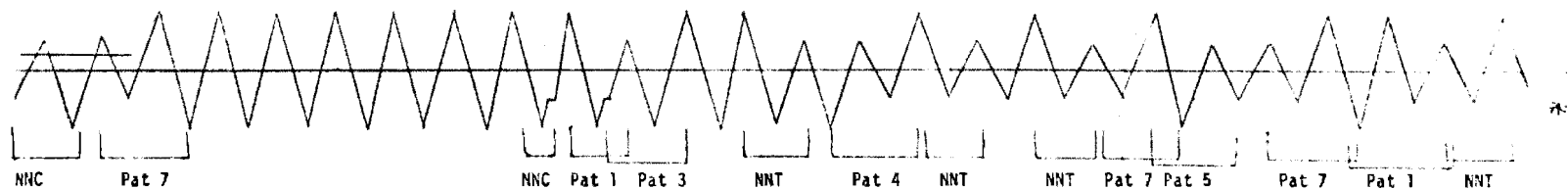
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

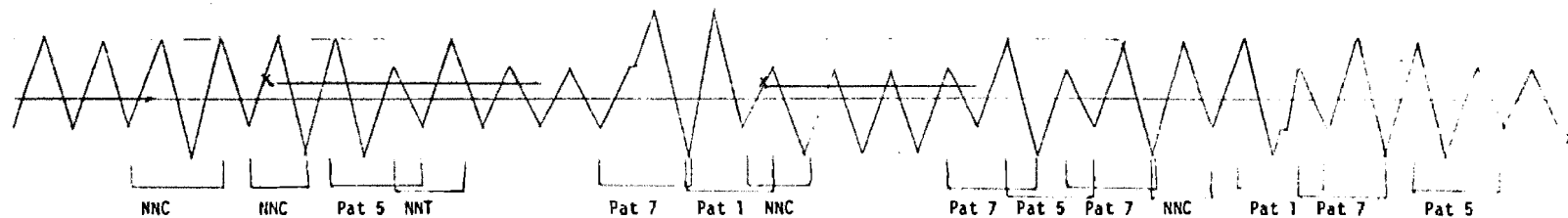
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

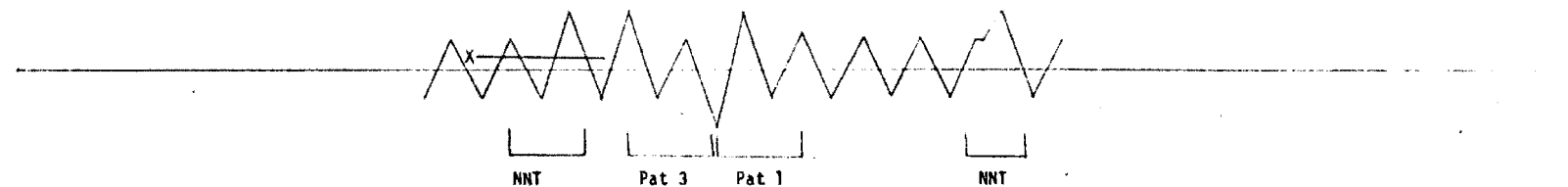
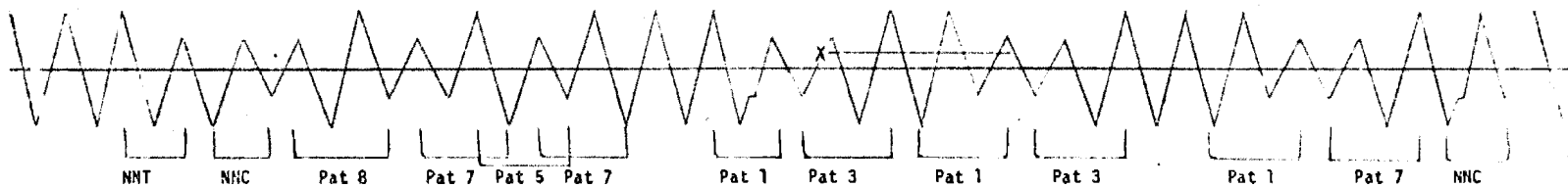


Figure 9. Flow Chart of Protocol A-1-3

FORMAL
STYLE
T:C
T:S

C:A
C:P

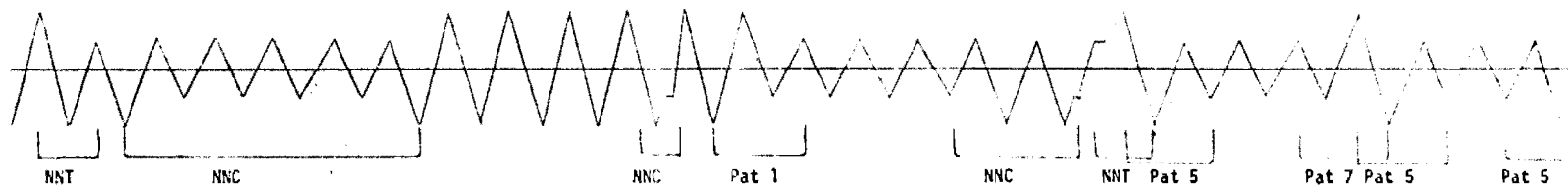
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

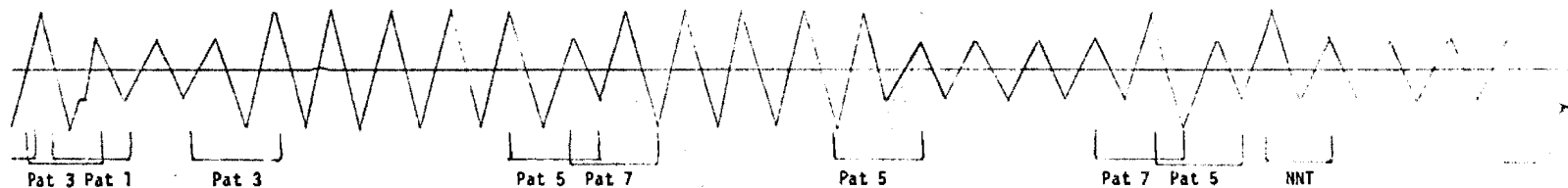
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

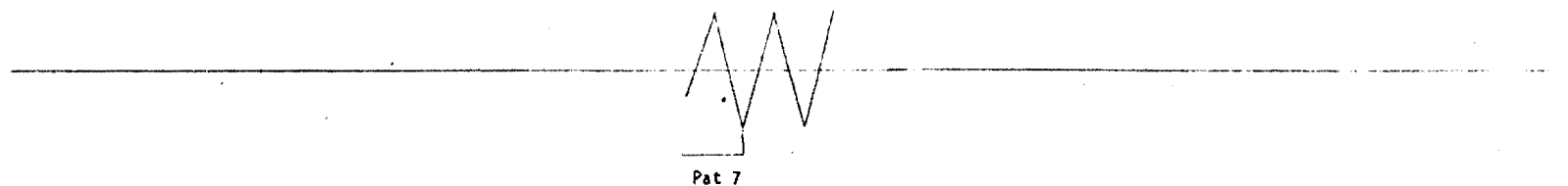
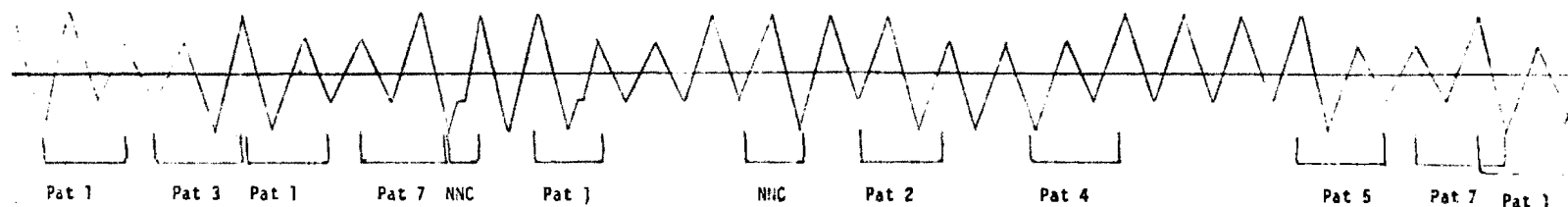


Figure 10. Flow Chart of Protocol A-1-8

FORMAL
STYLE
T:C
T:S

C:A
C:P

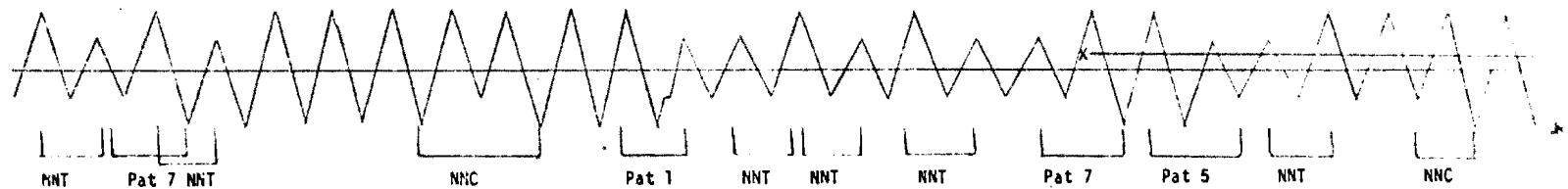
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

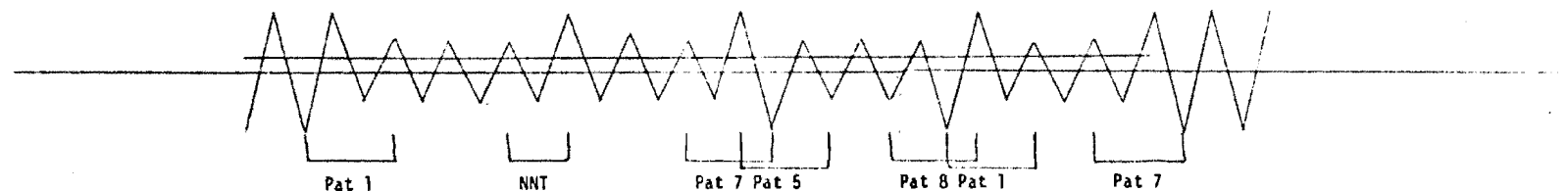
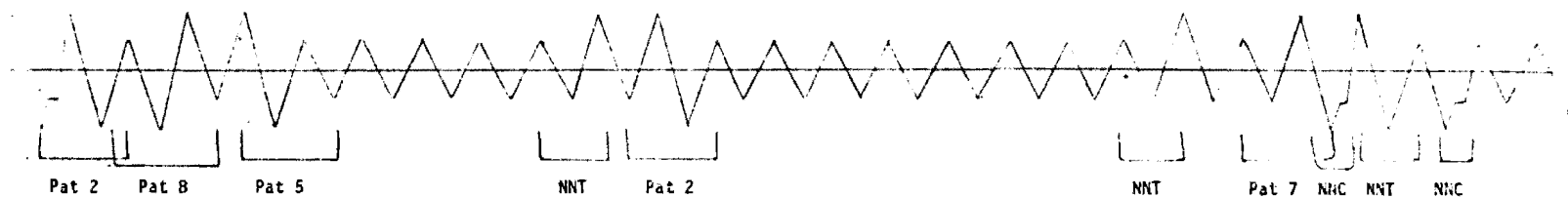


Figure 11. Flow Chart of Protocol A-1-6

FORMAL
STYLE
T:C
T:S

C:A
C:P

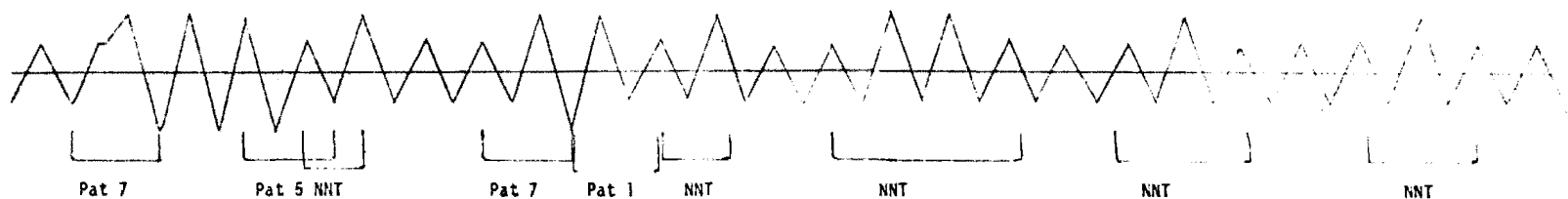
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

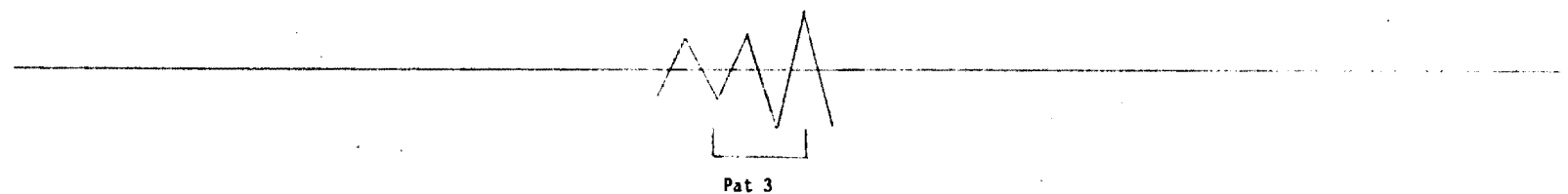


Figure 12. Flow Chart of Protocol A-1-5

A brief description of the differences between protocols A-1-6 and A-1-5 from the other six illustrates that the changes appear to occur gradually, moving from two extreme instances of the typical interaction pattern to the exceptions to that pattern, with the exceptions characterized by a pattern where the therapist both initiates and reciprocates more style changes than the client. Table III attempts to summarize a description of differences in flexibility of client and therapist in the eight sessions. The order of the sessions presented in this and all other tables illustrates not the chronological occurrence of the sessions (as indicated by the last number in the code identifying the protocol) but by a continuum based on a comparison of the typical patterns and exceptional patterns in the relevant category, here being the proportion of changes reciprocated.

TABLE III
A SUMMARY OF PATTERNS OF FLEXIBILITY:
THERAPIST A - CLIENT 1

Protocol Number	STYLISTIC CHANGES					
	Number Initiated		Number Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
A-1-7	13	3	0	9	0%	69%
A-1-4	23	9	0	15	0	65
A-1-2	26	9	5	19	55	73
A-1-1	20	10	5	13	50	65
A-1-3	29	19	8	17	42	59
A-1-8	19	14	9	15	69	78
A-1-6	16	13	9	10	69	64
A-1-5	15	6	4	6	67	60

A further description of how the flows differed in the exceptions was developed by comparing the two most extreme examples of the pattern, protocols A-1-7 and A-1-4, with the two exceptions, protocols A-1-6 and A-1-5, in the sequences by which various forms succeed various other forms. The only striking difference in sequences was in the pattern where therapist-initiated negotiations succeed each other in the main, while in the exceptions, the therapist-initiated negotiations are followed by a period without any stylistic changes.

In order to generate some hypotheses as to why the divergences of the flexibility pattern occurred, the various dimensions of the flows were analyzed. Although the quantity of interchanges ranged between 54 and 91, there was no distinctive clustering at either extreme of the continuum. Also the number of style changes per interchange are concentrated around one style change for every five interchanges for both client and therapist except in protocol A-1-7, the extreme example of the pattern, and in protocol A-1-6, one of the exceptions to the pattern. In protocol A-1-7, both therapist and client made a style change about every seven interchanges while in protocol, A-1-6 the client changed styles every seventh interchange, and the therapist changed styles once every five interchanges. The dominant styles of client and therapist were investigated to see if the continuum could be characterized by style differences. Table IV illustrates the lack of differentiation in styles according to the continuum.

As far as content distinctions are concerned, the topics

discussed in the eight sessions were quite repetitive. Most of the time was spent in activities where the therapist gained information from the client, interspersed with opinions by the therapist for the most part. In regard to persuasion attempts, in one of the most extreme examples of the pattern, protocol A-1-7, and in one of the exceptions, protocol A-1-5, no persuasion attempts occurred. Also one of the protocols in the middle of the continuum, protocol A-1-3, was the only one of the eight sessions containing multiple (four) separate persuasion attempts. The final dimension of the interviews, the occurrence of the interviews in a stage of the therapist-client relationship, did not coincide with the differentiation between the sessions not fitting the typical pattern. What may account for the lack of differentiation in this particular therapist-client relat-

TABLE IV

PERCENTAGES REPRESENTING APPEARANCES

OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:

THERAPIST A - CLIENT 1

Protocol Number	PREDOMINANT STYLES	
	CLIENT (PERCENT ASSERTIVE)	THERAPIST (PERCENT CONFRONTIVE)
A-1-7	67%	35%
A-1-4	60	63
A-1-2	68	44
A-1-1	58	55
A-1-3	58	55
A-1-8	44	51
A-1-6	63	57
A-1-5	77	40

ionship is that this client had been seen by the therapist for several months before the first observation occurred. Thus, the dimension which suggests a key to the appearance of the continuum is the fact that in one of the sessions not fitting the common pattern, A-1-6, the client was making fewer stylistic changes than the therapist. There is also some indication that the presence or absence of persuasion attempts may help to explain the varying flexibility of the participants.

These suggestions will be further explored in the second set of interviews involving Therapist A and Client 2. The four flow charts which follow are arranged along a continuum from the most extreme example of the pattern to the exception to the pattern. Again, the pattern features the therapist as the main initiator and the client principally as reciprocating. A quick summary of the distinctions between the flexibility of the client and therapist is provided by Table V.

TABLE V

A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST A - CLIENT 2

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
A-2-2	19	13	4	14	31%	74%
A-2-4	17	5	1	11	20	65
A-2-1	9	4	1	3	25	34
A-2-3	12	3	1	3	34	25

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

FORMAL
STYLE
T:C
T:S

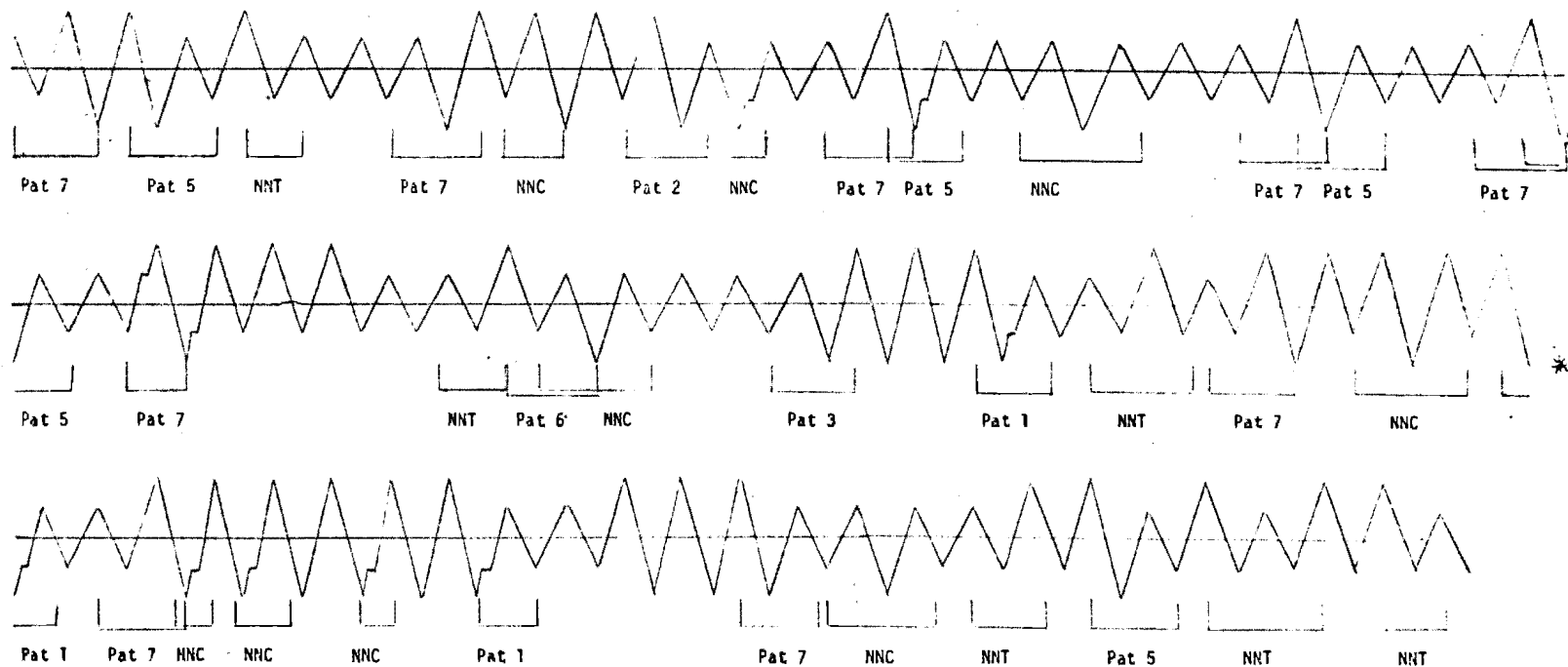
C:A
C:P

CONTENT
INTERPRETATION

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



Legend:

- * Flow continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

Figure 13. Flow Chart of Protocol A-2-4

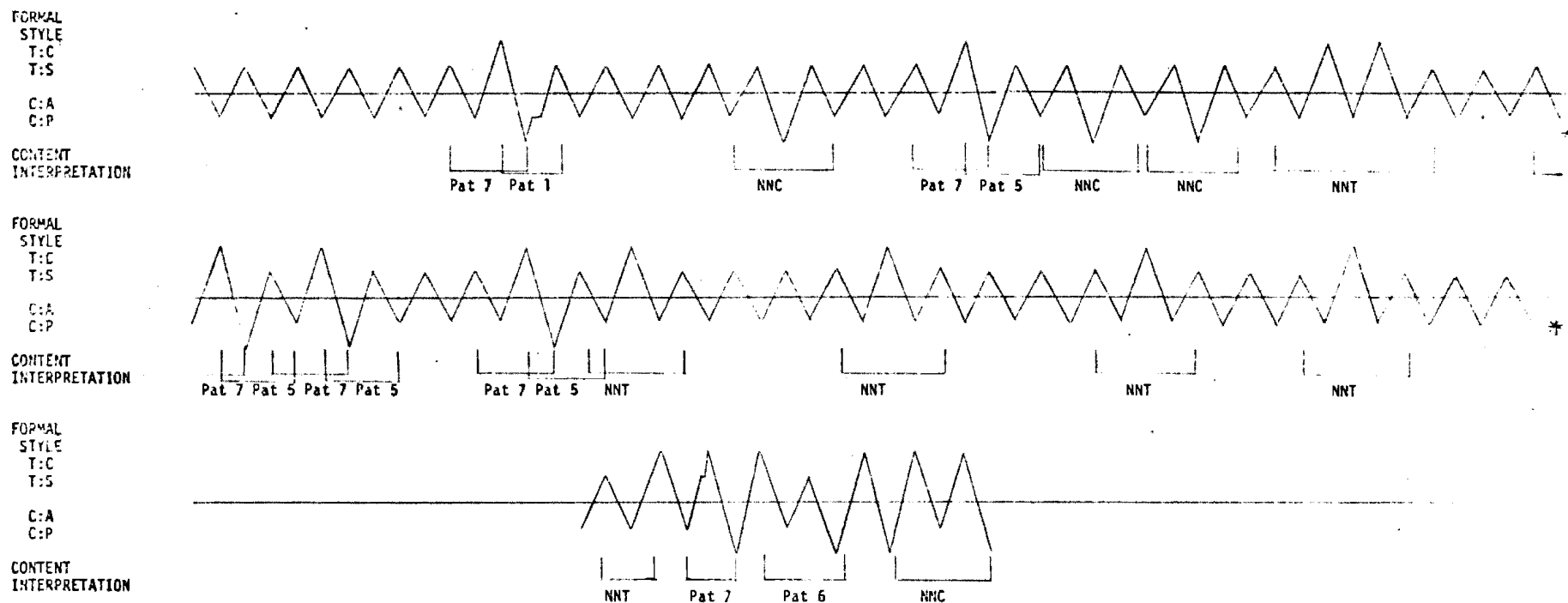
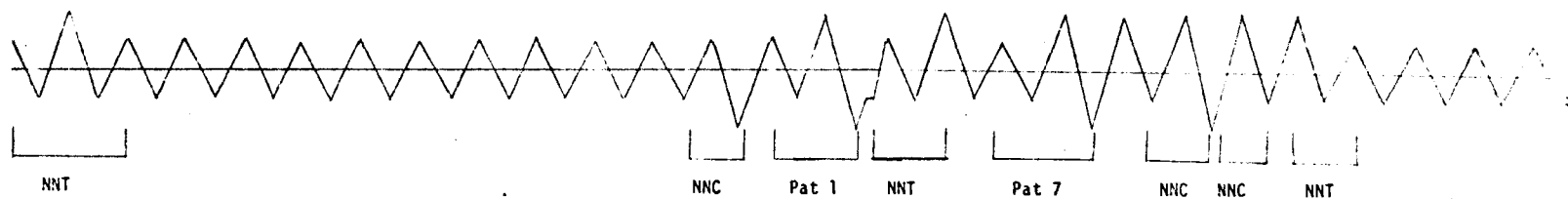


Figure 14. Flow Chart of Protocol A-2-2

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

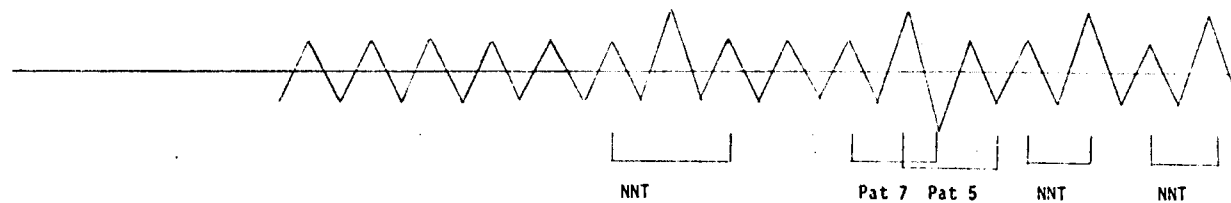


Figure 15. Flow Chart of Protocol A-2-1

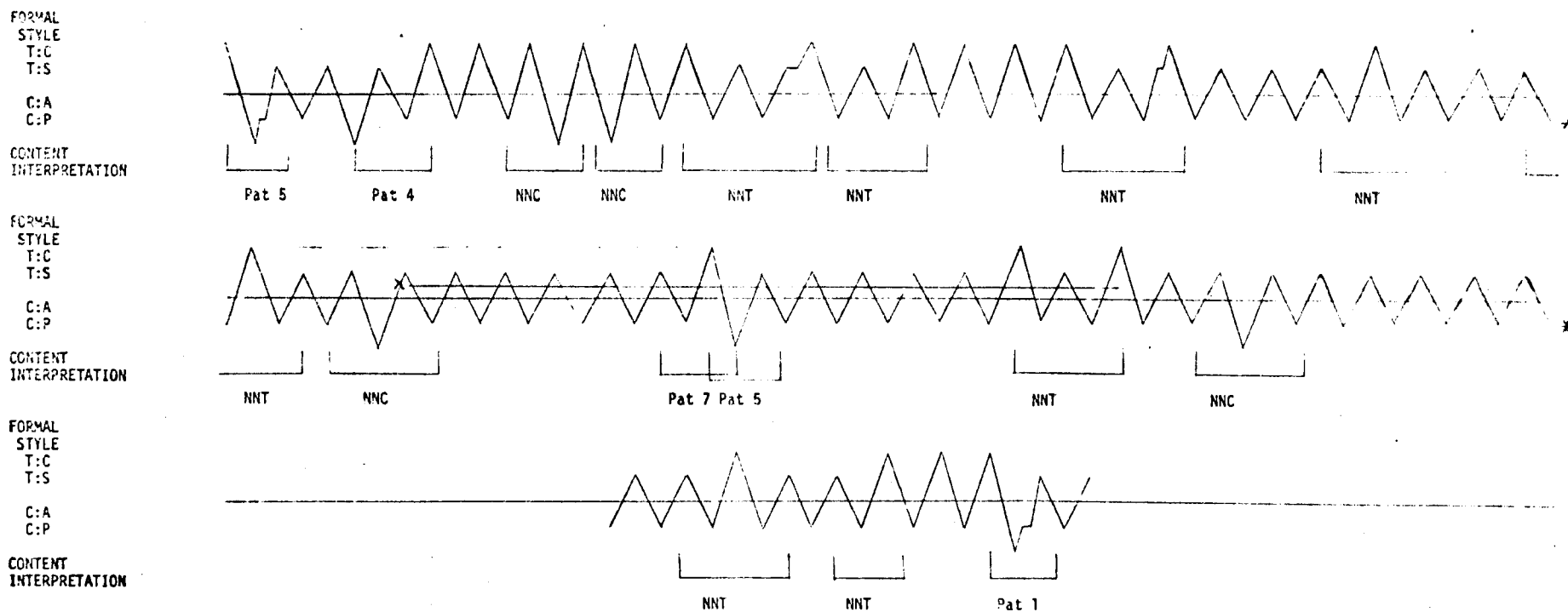


Figure 16. Flow Chart of Protocol A-2-3

In short, protocol A-2-3 involves an exception to the pattern by illustrating a session where the therapist is both more initiating and more reciprocating than the client. This exception corresponds with the two exceptions noted in the series of interviews involving Client 1. In addition, protocol A-2-3 differs from the other three in a sequential pattern indicating that certain forms will usually follow certain other forms. The key difference is found in what succeeds periods without any stylistic changes: in the flows characterized by the pattern, these periods without change are followed by no distinctive style but a variety of forms, while in protocol A-2-3, these periods are succeeded in the main by therapist-initiated non-negotiations.

The first dimensions which may differentiate the sessions--the number of interchanges--indicates that there is no distinctive amount differentiating protocol A-2-3, although the protocols vary between 42 and 80 interchanges. In addition, the ratio of stylistic changes to total interchanges by client and therapist differ but the variations do not coincide with the differences in flexibility patterns. Also, the dominant styles, as seen in Table VI, do not appear to distinguish the exception from the other processes featuring the typical patterned interaction.

TABLE VI

PERCENTAGES REPRESENTING APPEARANCES
OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:
THERAPIST A - CLIENT 2

Protocol Number	PREDOMINANT STYLES	
	CLIENT (PERCENT ASSERTIVE)	THERAPIST (PERCENT SUPPORTIVE)
A-2-2	62%	53%
A-2-4	81	73
A-2-1	88	70
A-2-3	87	64

Although the table does not demarcate protocol A-2-3 from the other sessions, it does indicate that the client was much more passive and also the therapist more confrontive in the most extreme example of the typical pattern, Session A-2-2. A third dimension to be discussed--the content--distinguishes protocol A-2-3 somewhat. The exception to the pattern is the only protocol in which a persuasion attempt transpired. Indeed, in the three other sessions as in the fourth observed, the client initiated the topics to be discussed in the main. Also the therapist assumed the role of listener, more or less. However, in the session with the persuasion period, the therapist attempted to convince the client to change her perception of relationships. This encouragement by the therapist was not the therapist's "usual" way of interacting with Client 2.

The final dimension to be explored concerns the state of the relationship. As in the sequence of interviews between Therapist A and Client 1, the therapist had seen the client for several months

before the observations occurred and the particular sequence observed did not appear to differentiate the sessions. The observer probably captured a middle stage in both of the therapist-client relationships described. In summary, while predominant styles may have a slight effect on the flexibility of the participants, in this instance the therapist's pursuit of a verbalized change of stance by the client seemed more strongly associated with the deviation from the pattern of flexibility for Therapist A.

The third set of therapist-client sessions with Therapist A's involvement differs somewhat from the other two sets. In the first two sets, the typical pattern of flexibility represented the therapist as initiating more and the client as reciprocating more stylistic changes with the exceptions fitting a pattern where the therapist both initiated and reciprocated more than the client. In this set involving Client 3, the session which corresponds to the typical patterns of Therapist A with other clients is considered the typical flexibility pattern. The exception to the pattern occurs when client and therapist initiate style changes about the same number of times and client reciprocates more stylistic changes. Of the following two charts, the first illustrates the typical pattern and the second, the exception. Two types of descriptions will differentiate the protocols. The first description of the flexibility differences is summarized in Table VII.

TABLE VII

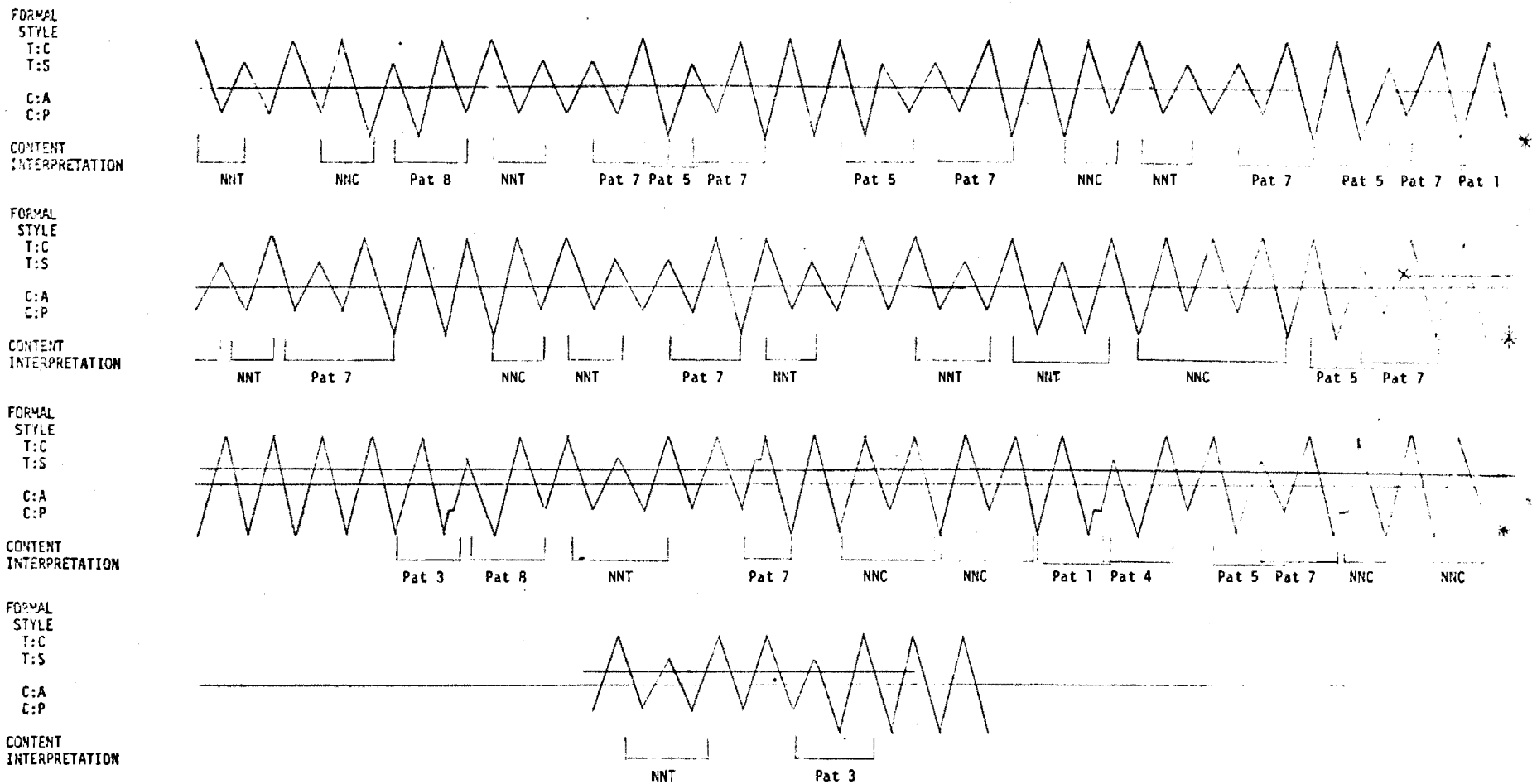
A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST A - CLIENT 3

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By:	
	Therapist	Client	Therapist	Client	Therapist	Client
A-3-1	26	13	5	17	38%	65%
A-3-2	13	11	3	7	27	54

In addition, the flows of the two interviews in terms of sequences of forms differentiates the two protocols. In protocol A-3-1, which represents the typical intaction pattern of Therapist A, therapist-initiated negotiations often follow non-negotiations initiated by either therapist or client. In contrast, the non-negotiations initiated by therapist of client are never followed by therapist-initiated negotiations in the exception represented by protocol A-3-2.

Before exploring the dimensions surrounding only the two interviews, it should be noted that more differentiating conditions can be identified with only two sessions, but some of the distinctions may be spurious due to the lack of cases with which to make further comparisons. For instance, protocol A-3-1 exceeds protocol A-3-2 by ten interchanges. In addition, there is a rather obvious discrepancy in the style changes by both therapist and client between protocols. In the typical pattern interview, both therapist and client average a style change every four-and-a-half interchanges while the session representing the exception to the pattern has much fewer style changes proportionately--the therapist changing



Legend:

- * Flow continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

Figure 17. Flow Chart of Protocol A-3-1

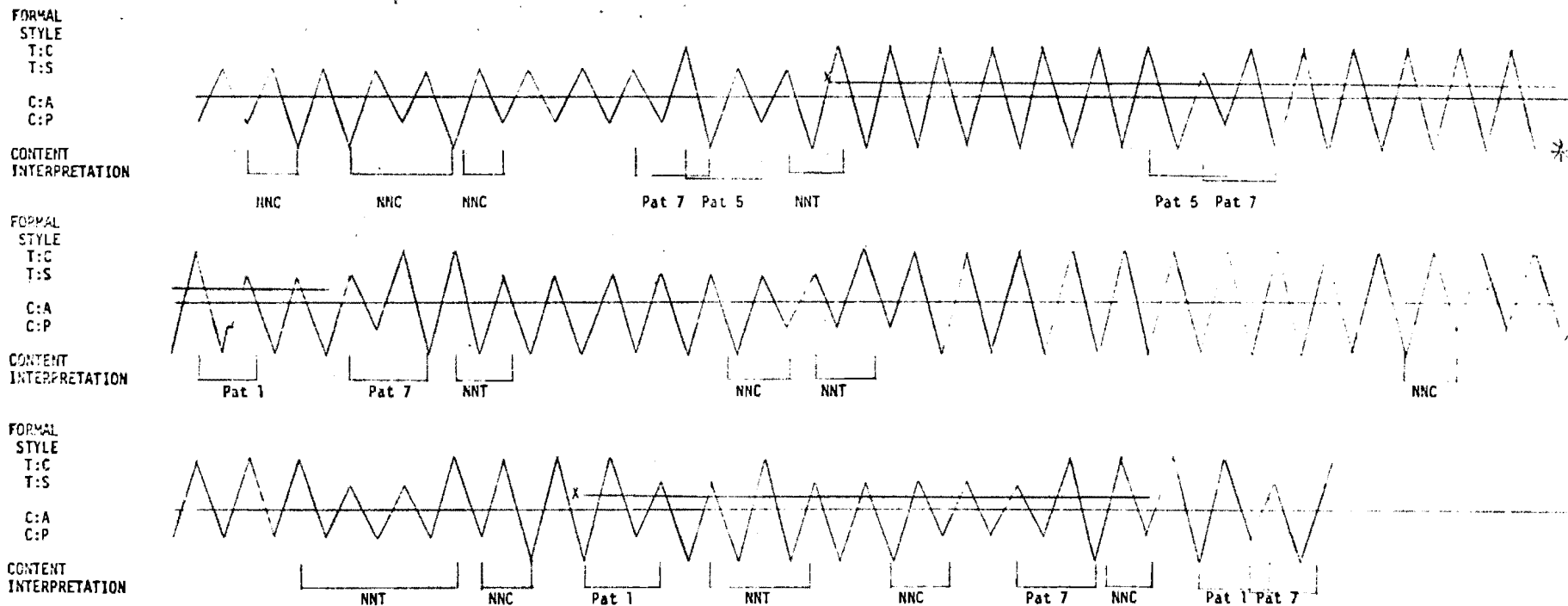


Figure 18. Flow Chart of Protocol A-3-2

styles every ten interchanges and the client making style changes slightly more often, once every eight interchanges. Moreover, the dominant styles appear to distinguish the sessions as seen in the following table.

TABLE VIII
PERCENTAGES REPRESENTING APPEARANCES
OF CLIENT AND THERAPIST IN PREDOMINANT STYLES
THERAPIST A - CLIENT 3

Protocol Number	PREDOMINANT STYLES	
	CLIENT (PERCENT PASSIVE)	THERAPIST (PERCENT CONFRONTIVE)
A-3-1	47%	79%
A-3-2	67	59

So it appears that the client is passive and the therapist, supportive to a much greater extent in the session where client and therapist initiate stylistic changes rather equally. Also, although the topics discussed in both interviews are the same--the client's relationship with her husband and her obesity--how they are discussed differs somewhat. In the interview with the "standard" pattern, the persuasion about weight occurs only in the latter half of the session. However, in protocol A-3-2, the therapist introduces a persuasion effort toward the beginning of the interview. Also the persuasion about changing the client's weight and her relationship with her husband is intensified by the therapist's telling the client to either change her attitude or terminate the the therapist-client relationship. As the session develops, the session becomes identified as the last one of this particular therapist-

client series. Thus, it is difficult to know whether to attribute the differentiations of the two patterns to the nature of a terminating interview or to treat them as spurious due to the lack of other confirming sessions in the pattern. However, since the earlier session resembles the majority of the interviews conducted by Therapist A, it is probably more likely that the flow of a terminating interview--especially when terminated under the circumstances described here--disrupts the usual patterned process constructed by the therapist and the client.

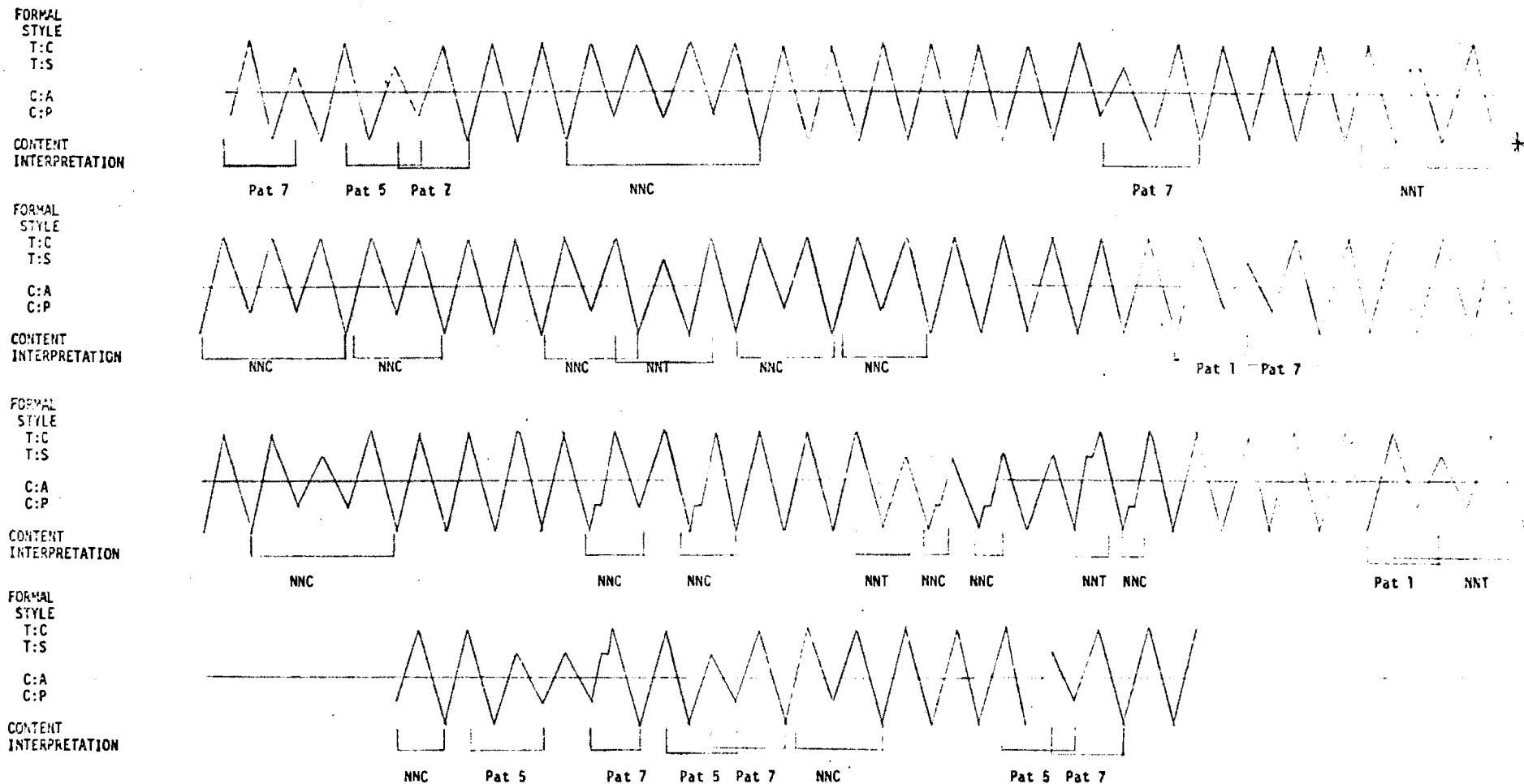
In summary, of the three sets of Therapist A, it is probably more common for a "non-directive" therapist to be involved in sessions similar to those in the first two sets sessions representing a middle period of a therapist-client relationship and with the same client, the interaction patterns definitely shifted.

Sessions Involving Therapist B

The analysis of Therapist B's sessions can be organized similarly to the presentation of the interviews conducted by Therapist A, since both were observed with several clients more than once. Observations of Therapist B in therapist-client interviews will be divided into four sets to be analyzed. However, the fourth set will be composed of the three sessions which feature a different client in each interview with all representing one pattern. Incidentally, sessions involving Therapist B feature two typical patterns: the pattern fitting seven of the twelve interviews is characterized by

the therapist and client initiating about the same amount of stylistic changes and the client reciprocating more than the therapist; the other pattern demonstrated by four sessions, represent a client who both initiates and reciprocates more stylistic changes than the therapist. There is also one exception to both of these patterns. However, within the individual groupings, one pattern will appear to be the common one and the other, as the exception. It should be noted that the dots in the lines connecting the flow of the interviews of Therapist B are indicating a departure from conversation to read questions and answers out of a particular therapy-linked book.

The interactions of Therapist B and Client 1 compose a sample of four sessions. The first three charts illustrate the pattern where client and therapist can both be classified as initiators and the client as reciprocator. The last flow chart illustrates the exception in which the client is both initiator and reciprocator. Also, the flow charts are arranged on a continuum, with the protocol in which the number of initiated changes by each participant are closest, beginning the series and the session where the client's initiating moves clearly exceed the therapist's ending the continuum. The description of the flow charts will be two-fold with the following table illustrating the flexibility of client and therapist in the activities of initiating and reciprocating stylistic changes.



Legend:

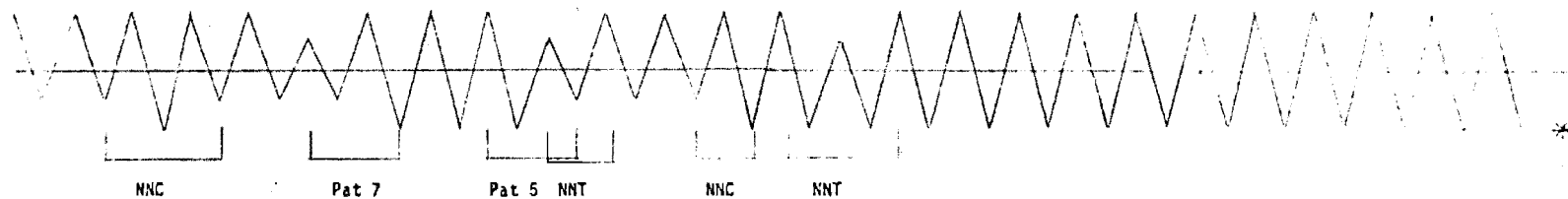
- * Flow Continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

Figure 19. Flow Chart of Protocol B-1-4

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

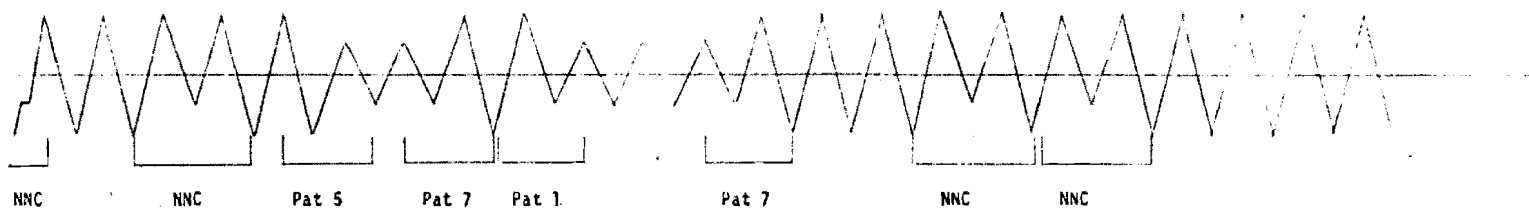


Figure 20. Flow Chart of Protocol B-1-3

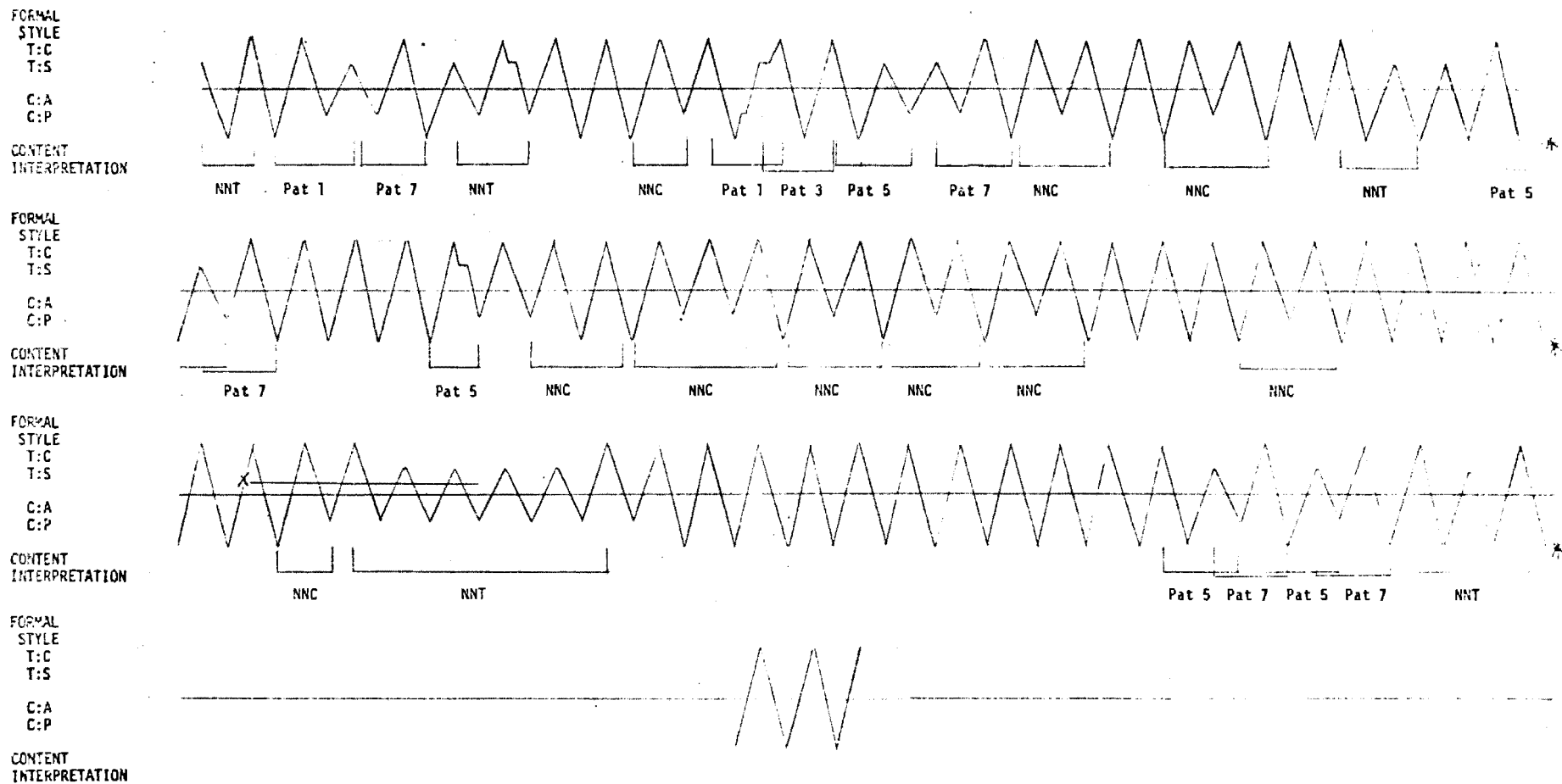


Figure 21. Flow Chart of Protocol B-1-1

FORMAL

STYLE

T:C

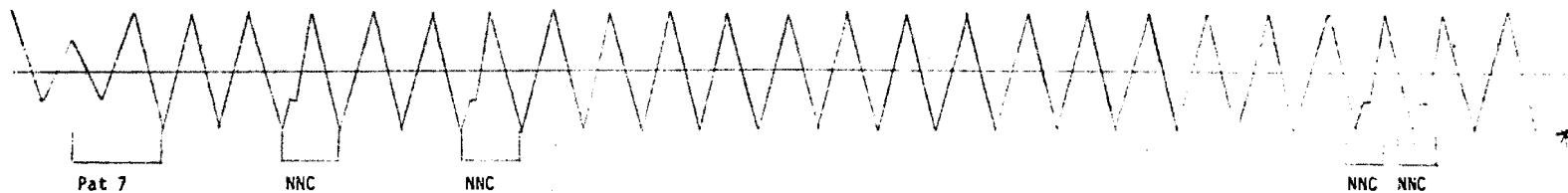
T:S

C:A

C:P

CONTENT

INTERPRETATION



FORMAL

STYLE

T:C

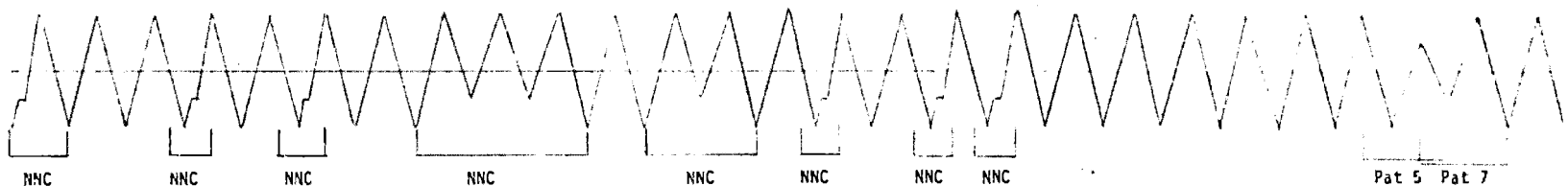
T:S

C:A

C:P

CONTENT

INTERPRETATION



FORMAL

STYLE

T:C

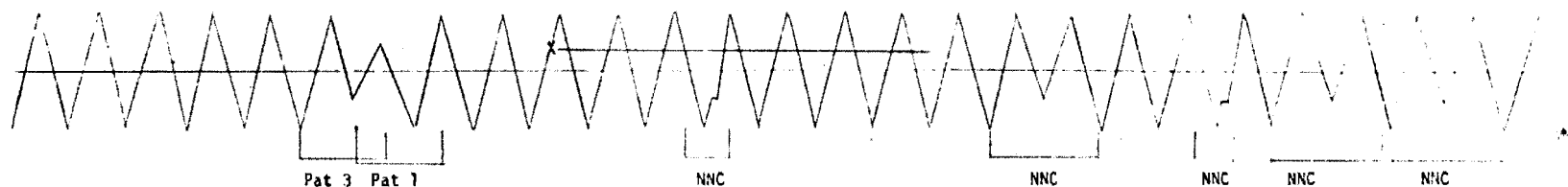
T:S

C:A

C:P

CONTENT

INTERPRETATION



FORMAL

STYLE

T:C

T:S

C:A

C:P

CONTENT

INTERPRETATION



Figure 22. Flow Chart of Protocol B-1-2

TABLE IX
A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST B - CLIENT 1

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
B-1-4	16	16	3	12	19%	75%
B-1-3	7	6	1	5	17	70
B-1-1	16	13	3	10	23	62
B-1-2	4	20	2	3	10	75

Just as the gap between the exceptional session and the sessions fitting the pattern is dramatic with respect to the number of style changes initiated, so is the contrast between the most frequent sequences of forms for each type of session. Specifically, the exceptional pattern here is characterized by a strong association between non-negotiations initiated by the client and periods of no stylistic change. In short, initiations of style changes by the client break up long periods where no other stylistic change occurs. In contrast, in the other three sessions, representing the typical flexibility pattern in the **interviews of Therapist B and Client 1**, periods of no style change and non-negotiations initiated by therapists are often succeeded by therapist-initiated negotiations.

In investigating various conditions of the therapy session, several dimensions appeared to differentiate protocol B-1-2, the exception, from the other sessions. For instance, the session contained in protocol B-1-2 demonstrated the highest number of interchanges, 105, in the grouping; the other

session contained 83, 89 and 49 interchanges, not coinciding with the continuum of Table IX, however. In addition, the ratio of stylistic changes appears significant in this grouping as outlined in Table X.

TABLE X

THE RATIO OF STYLE CHANGES TO INTERCHANGES:

THERAPIST B - CLIENT 1

Protocol Number	Ratio of Style Changes/Total Interchanges	
	Therapist	Client
B-1-4	1 per 8	1 per 4 1/2
B-1-3	1 per 10	1 per 6
B-1-1	1 per 7 1/2	1 per 5
B-1-2	1 per 26	1 per 4

The lack of change by the therapist in the session which deviated from the pattern, protocol B-1-2, is quite spectacularly differentiated from the others. Corresponding to this marked distinction is the degree to which each participant maintains a predominant style in the session deviating from the pattern, as developed in Table XI.

TABLE XI

PERCENTAGES REPRESENTING APPEARANCES

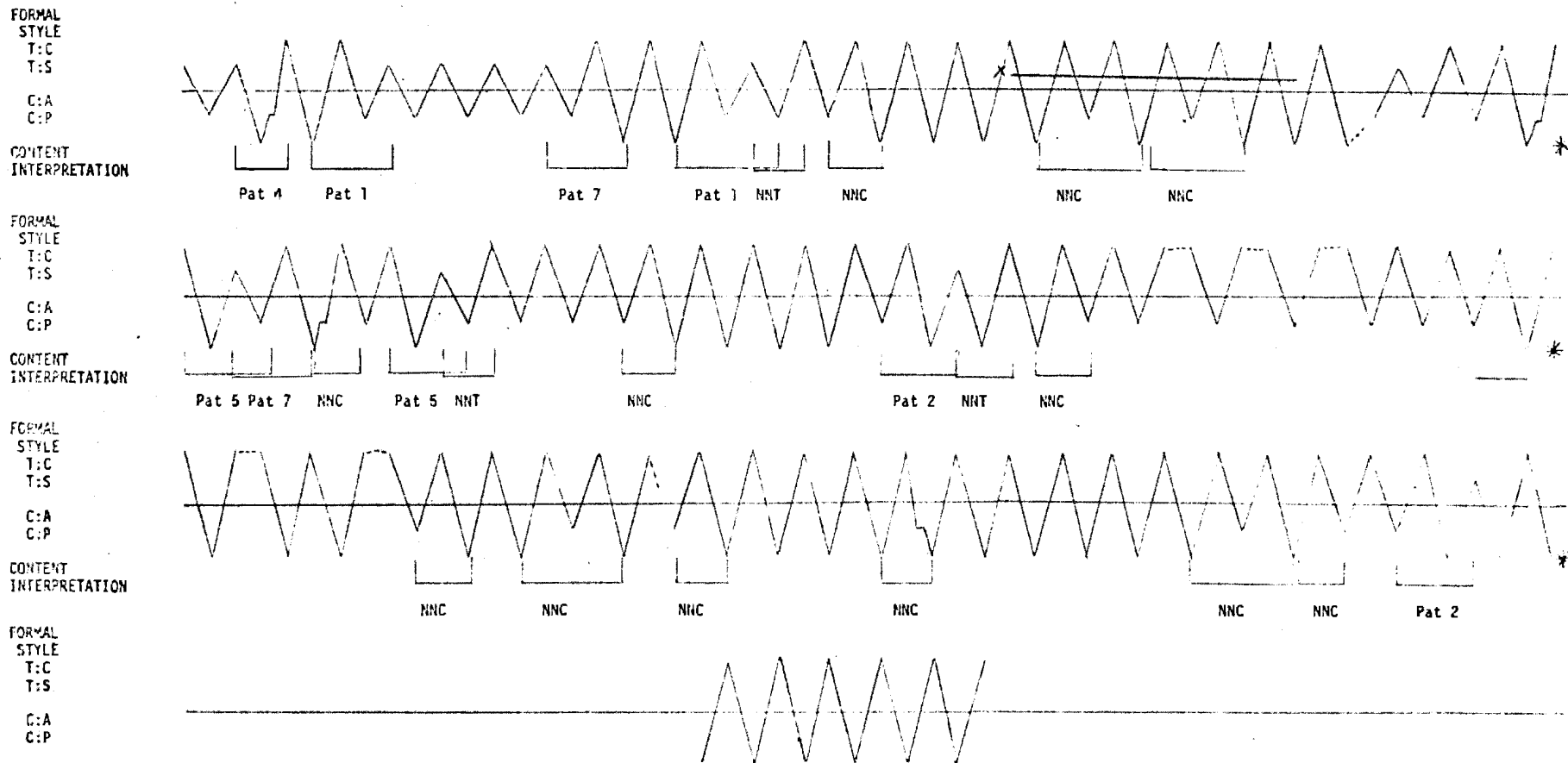
OF CLIENT AND THERAPIST IN PREDOMINANT STYLES

THERAPIST B - CLIENT 1

Protocol Number	PREDOMINANT STYLES	
	CLIENT (PERCENT PASSIVE)	THERAPIST (PERCENT CONFRONTIVE)
B-1-4	72%	83%
B-1-3	65	84
B-1-1	67	81
B-1-2	80	97

In addition, although protocol B-1-2 features the persuasion effort spanning the largest number of interchanges, protocol B-1-1 also contains a persuasion attempt. Otherwise there is no distinctive content differentiating protocol B-1-2 from the other three sessions. Also, there is nothing distinctive about the order of the sessions probably because the observations conducted in this particular therapist-client relationship may be characterized as belonging to a middle stage. In summary, the extreme inflexibility of the therapist in the session illustrating the deviating interaction pattern in the high ratio of style changes to total interchanges--appears to be responsible for the creation of an interaction which departs from the usual interaction flow between Therapist B and Client 1.

The next grouping illustrates a phenomenon not evident in Therapist A's interactions. That is, the typical pattern of a therapist interacting with one client may not be the typical pattern with another client. With respect to Client 2, Therapist B interacted in two of the three sessions with the interaction pattern which was the deviating pattern in regard to Client 1 -- the client both initiates and reciprocates more stylistic changes than does the therapist. The exceptional pattern here was the typical pattern in the preceding grouping--the client and therapist are more or less equal in times initiating style changes although the client still reciprocates changes more often than does the therapist. The three flow charts are in chronological order with the third



Legend:

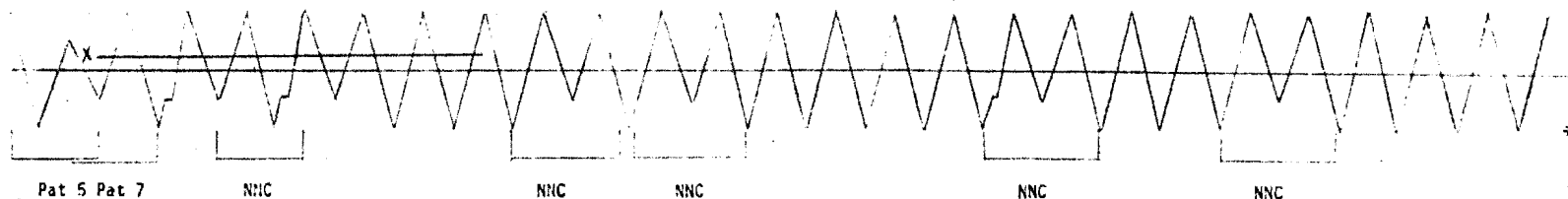
Figure 23. Flow Chart of Protocol B-2-1

- * Flow Continues
- x Persuasion Attempt
- T:C Confrontative Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation Pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

FORMAL
STYLE
T:C
T:S

C:A
C:P

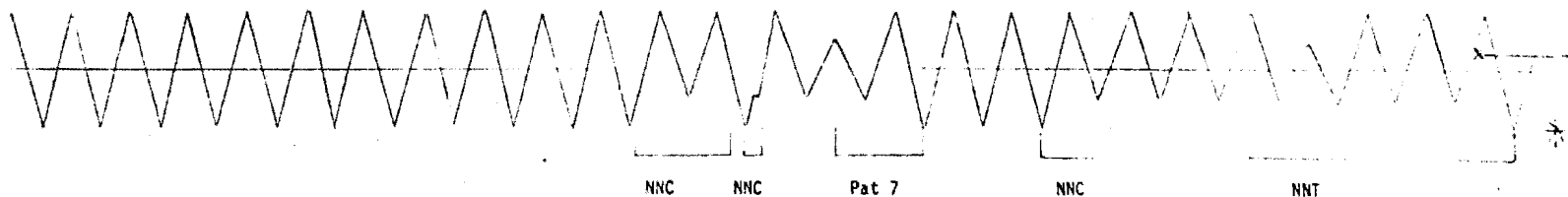
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

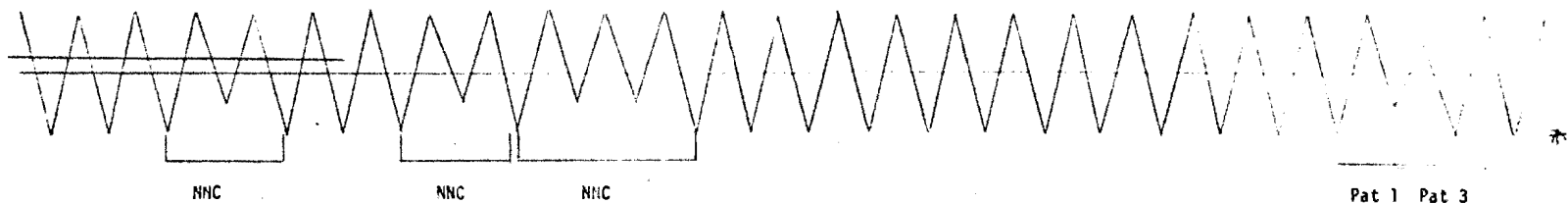
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

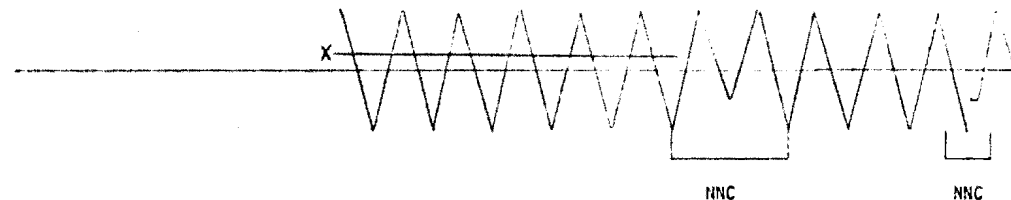
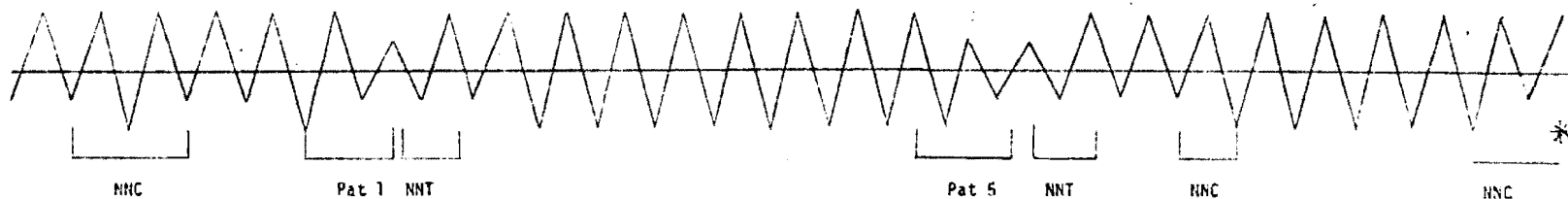


Figure 24. Flow Chart of Protocol B-2-2

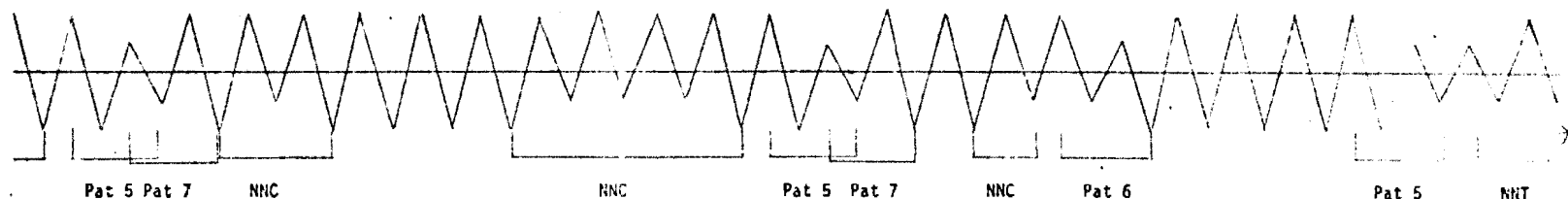
FORMAL
STYLE
T:C
T:S
C:A
C:P

CONTENT
INTERPRETATION



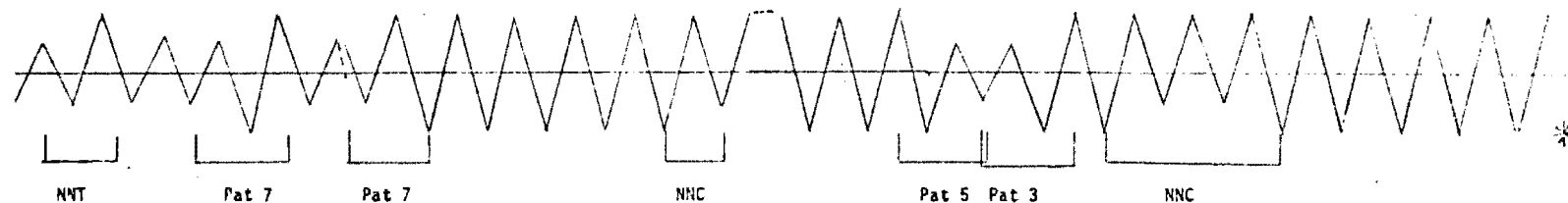
FORMAL
STYLE
T:C
T:S
C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P

CONTENT
INTERPRETATION

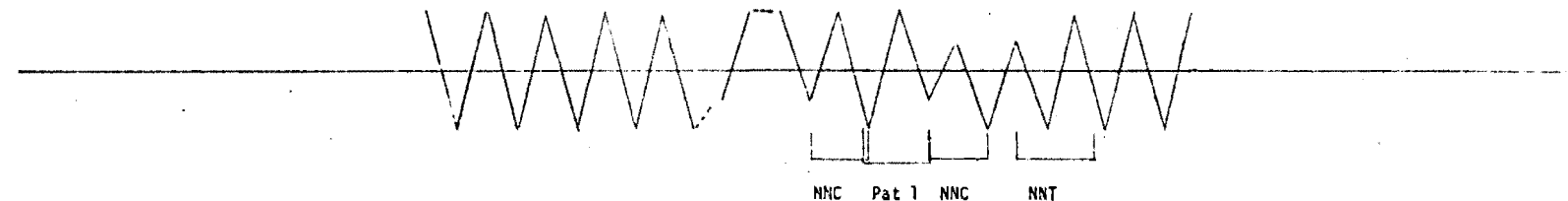


Figure 25. Flow Chart of Protocol B-2-3

session illustrating the deviation from the pattern. The varying flexibility of the participants is graphically sketched in Table XII. Just as the protocols differ in the proportion

TABLE XII

A SUMMARY OF THE PATTERNS OF FLEXIBILITY:

THERAPIST B - CLIENT 2

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
B-2-1	7	18	5	4	28%	66%
B-2-2	4	15	2	3	13	75
B-2-3	15	12	3	10	25	67

of changes initiated by each party, so are the sessions characterized by varying formal sequences. The sessions illustrating the typical interaction pattern are characterized by periods of no stylistic changes interrupted by client-initiated non-negotiations while the session deviating from that typical pattern contains periods of no change followed by therapist-initiated negotiations and client-initiated non-negotiations, which balance each other's initiating moves.

The dimensions segregating the two types of sessions are more difficult to identify. For instance, all three sessions approximate the same amount of interchanges (circa 90). In regard to the ratio of style changes to total interchanges, the client in all three sessions has a relatively consistent ratio--one change every five or six interchanges. In contrast, the therapist changed proportionately much less in one of the sessions characterized by the typical pattern; protocols B-2-1

and B-2-3 featured in ratio of one to 12 and one to 10, respectively, while the ratio in protocol B-2-2 was merely one change per 23 interchanges. In addition, differentiation by the predominant style of each participant does not appear very striking as seen in Table XIII.

TABLE XIII

PERCENTAGES REPRESENTING APPEARANCES
OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:

THERAPIST B - CLIENT 2

Protocol Number	PREDOMINANT STYLES	
	CLIENT (PERCENT PASSIVE)	THERAPIST (PERCENT CONFRONTIVE)
B-2-1	65%	86%
B-2-2	75	96
B-2-3	67	82

The main difference in contents is the occurrence of no persuasion attempts in protocol B-2-3, while protocol B-2-1 contains one persuasion effort and protocol B-2-2, three different persuasion periods. Finally, there appears to be nothing distinctive about the stage of the therapist-client relationship influencing the interactional flows of these three sessions. Thus, the only distinguishing element here appears to be the coincidence of no persuasion periods and the exceptional interaction pattern.

In the two observations of therapy sessions with Therapist B and Client 3, one of the patterns does not fit either of the two typical patterns associated with Therapist B. Thus, the session, B-3-2, will be defined as the

exception and its flow chart will follow that of protocol B-3-1. The first session fits the dominant pattern associated with Therapist B where the client both initiates and reciprocates more stylistic changes. The other session of Client 3 is exactly opposite of the first with the therapist both initiating and reciprocating more style changes, as indicated in the following table.

TABLE XIV

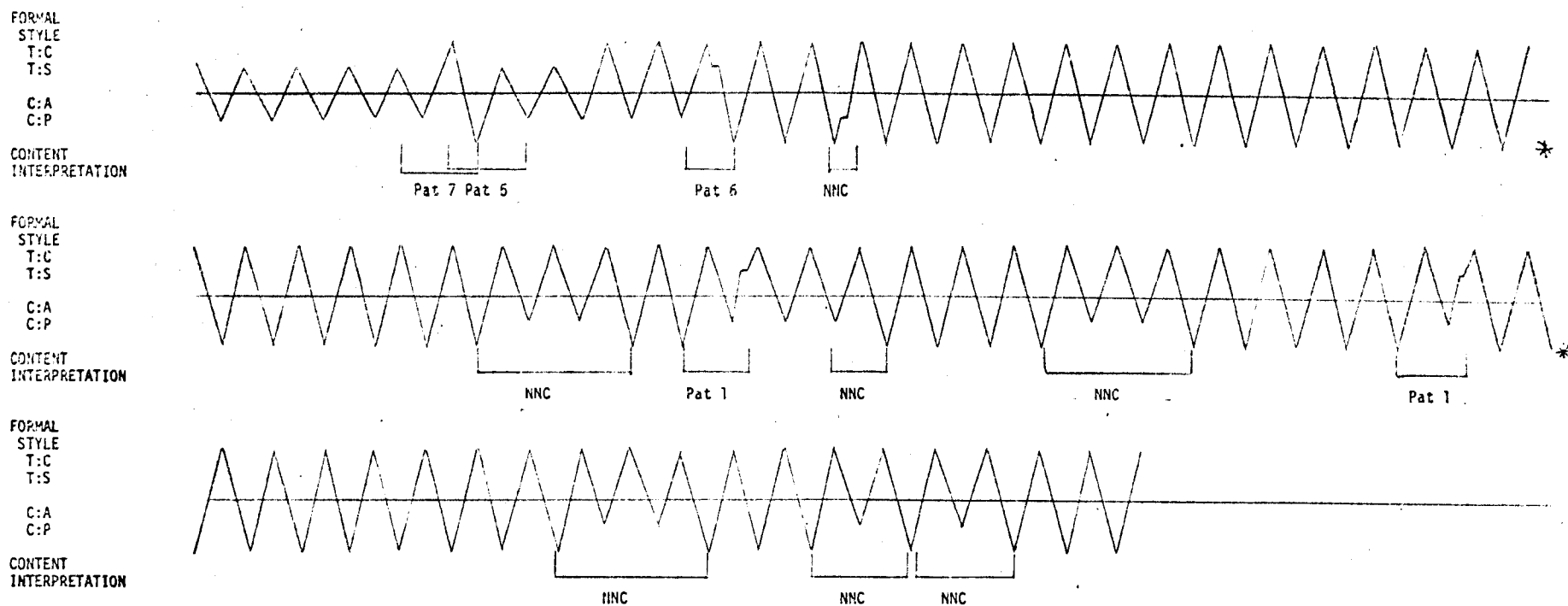
A SUMMARY OF THE PATTERNS OF FLEXIBILITY:

THERAPIST B - CLIENT 3

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
B-3-1	3	9	2	3	22%	100%
B-3-2	17	5	2	4	40	24

Moreover, the opposite sequences of non-negotiation forms also characterize these two sessions. In short, periods of no style change and client-initiated non-negotiations reflect the nature of the first type of session (protocol B-3-1) while periods of no style change and therapist-initiated non-negotiations depict the character of the second type of session (protocol B-3-2).

In comparing the two sessions, the first dimension to differentiate the two sessions is the fact that protocol B-3-2, the exceptional pattern is longer by about 20 interchanges than protocol B-3-1. In addition, as might be anticipated, the ratio of style changes to total interchanges is

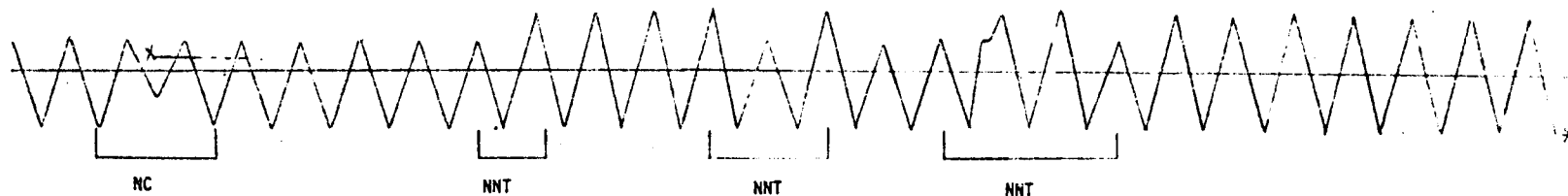


Legend:

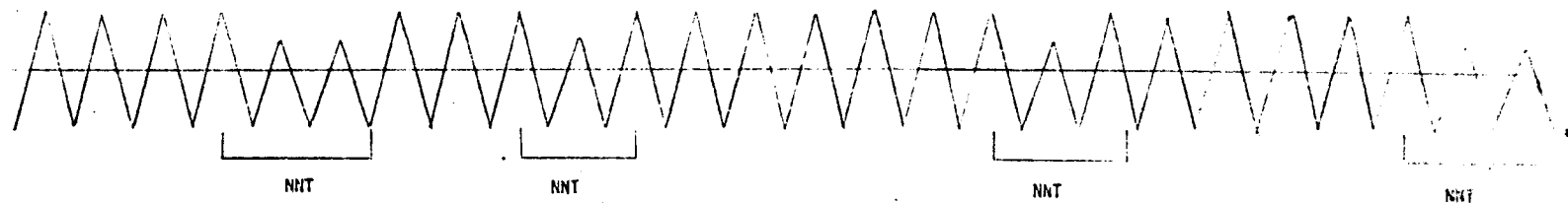
Figure 26. Flow Chart of Protocol B-3-1

- * Flow continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation Pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

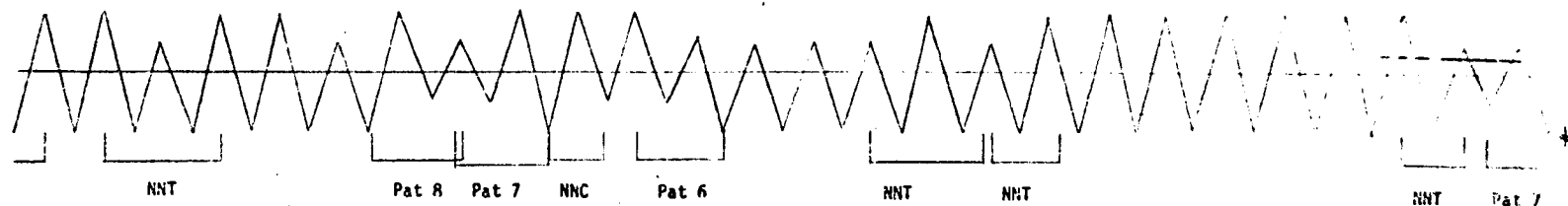
FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION

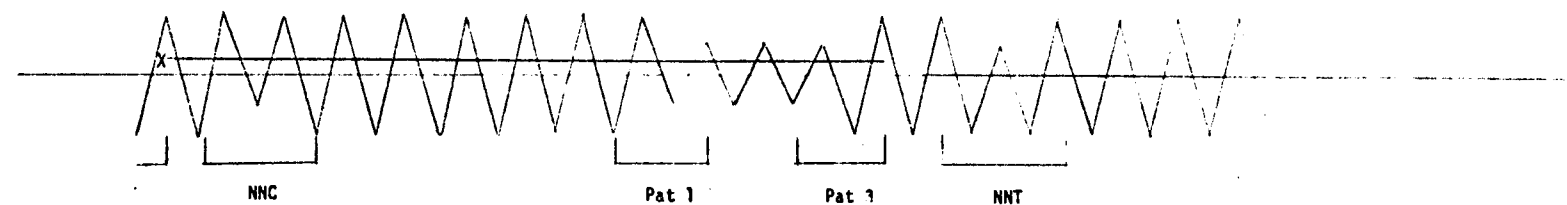


Figure 27. Flow Chart of Protocol B-3-2

just the opposite in the two sessions, as shown in the following table.

TABLE XV

THE RATIO OF STYLE CHANGES TO INTERCHANGES:

THERAPIST B - CLIENT 3

Protocol Number	RATIO OF STYLE CHANGES/TOTAL INTERCHANGES	
	Therapist	Client
B-3-1	1 per 15	1 per 8
B-3-2	1 per 6 1/2	1 per 14 1/2

The predominant styles also differentiate the two types of sessions as illustrated in Table XVI.

TABLE XVI

PERCENTAGES REPRESENTING APPEARANCES

OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:

THERAPIST B - CLIENT 3

Protocol Number	DOMINANT STYLES	
	CLIENT (Percent Passive)	THERAPIST (Percent Confrontive)
B-3-1	74%	89%
B-3-2	90	66

It appears that the less each participant maintained a dominant style, the more style changes and the more flexible the participant acts in the interaction process. The two sessions also varied in the types of content; protocol B-3-1 was largely composed of information gathering by the therapist; protocol B-3-2 had one persuasion effort recurring almost throughout the entire interview. Finally, protocol B-3-2 was a session observed a week following the session in protocol B-3-1. It

may also be significant that the two protocols were the second and third sessions in this particular therapist-client relationship. In summary, some of the distinctions may not have been identified if a larger sample had been available. However, from the findings discussed, it appears that persuasion efforts are often the key in influencing the interaction process.

Although the remaining three interviews involving Therapist B involve different clients and represent the same pattern--where the therapist and client initiate about the same number of changes and the client reciprocates more than does the therapist--the interviews may be arranged along a continuum for purposes of study. The continuum on which the charts were arranged is based on the degree to which the therapist and client differed in reciprocation of the other's stylistic changes, as indicated in Table XVII.

TABLE XVII

A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST B - CLIENTS 4,5,6

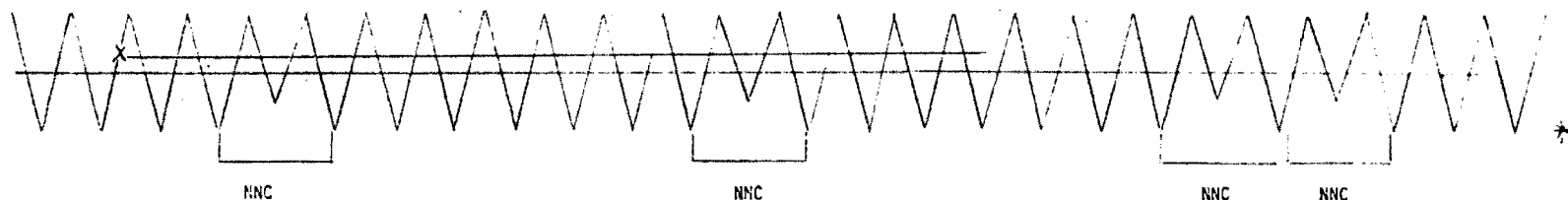
Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
B-4-1	6	8	0	4	0%	67%
B-5-1	14	11	2	14	18	85
B-6-1	8	9	2	5	22	63

Despite the similarity of behaviors in interaction, the types of client varied extensively in these interviews: Client 6 was a talkative woman on an initial visit to the clinic; Client 5 was a long-term client of Therapist B, having coun-

FORMAL
STYLE
T:C
T:S

C:A
C:P

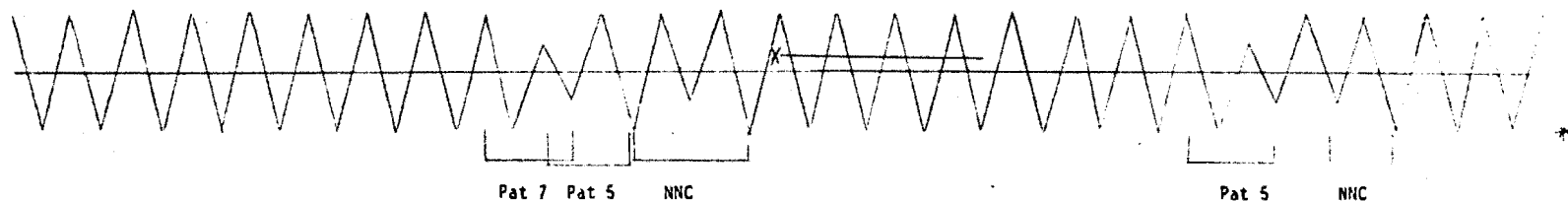
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

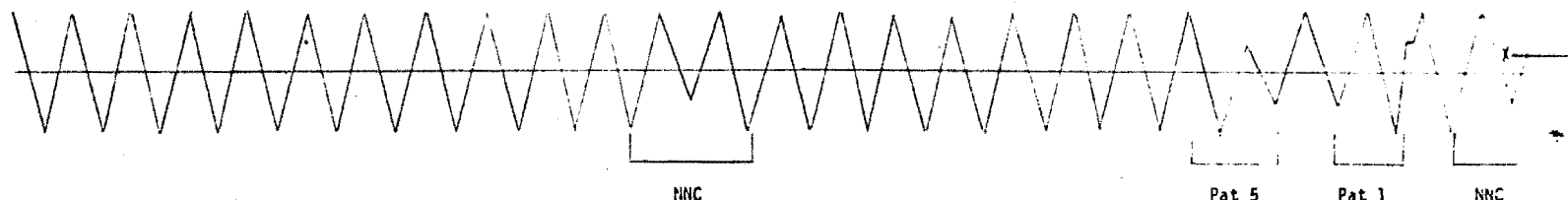
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

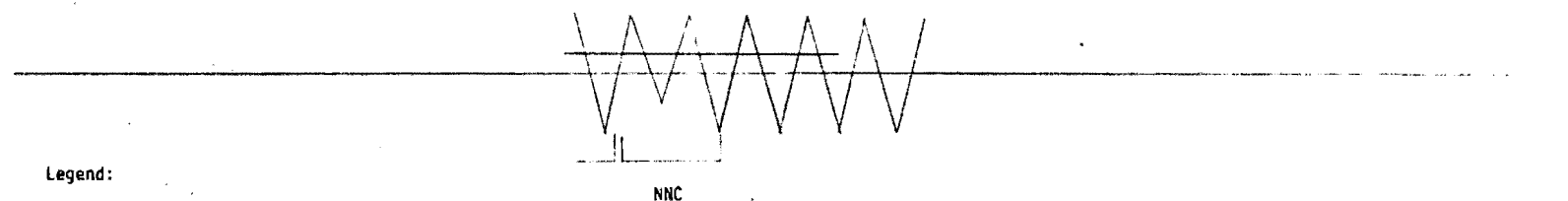
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

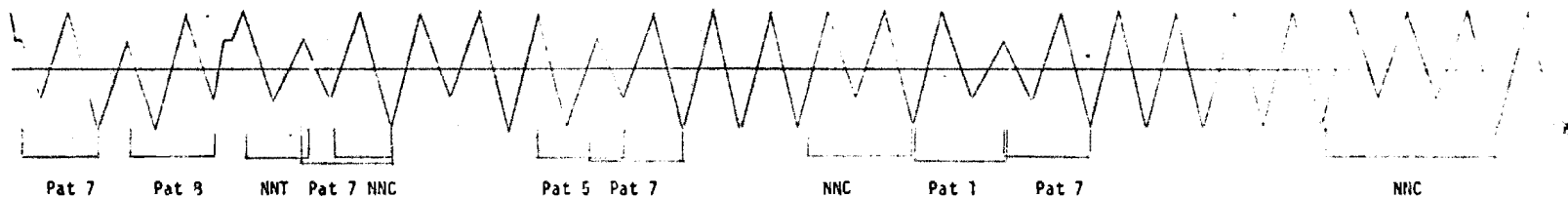


Legend:

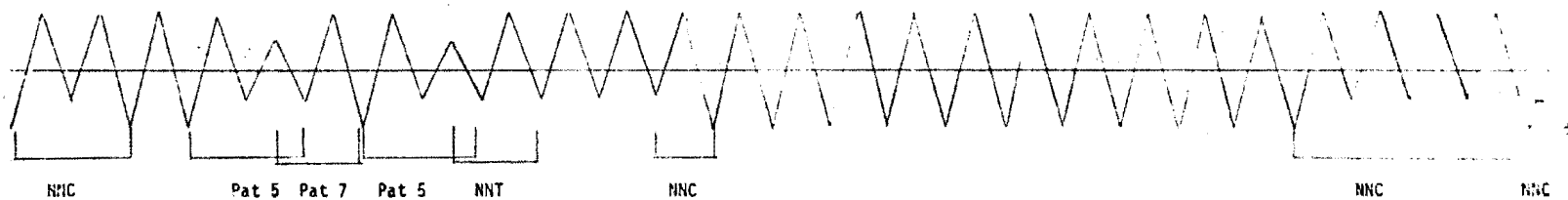
- * Flow continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation Pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

Figure 28. Flow Chart of Protocol B-4-1

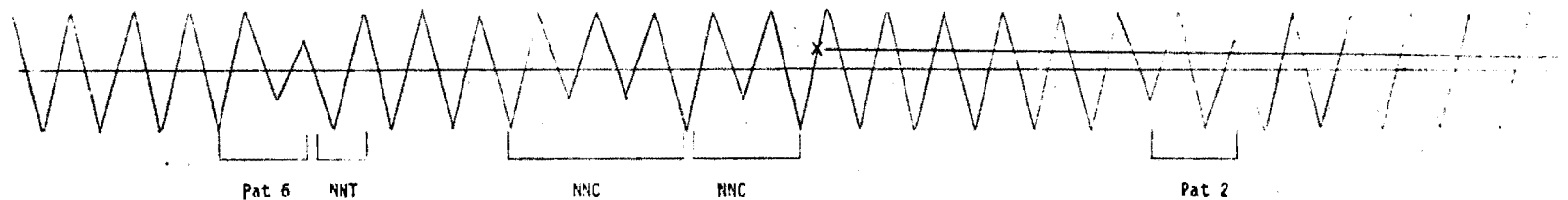
FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION

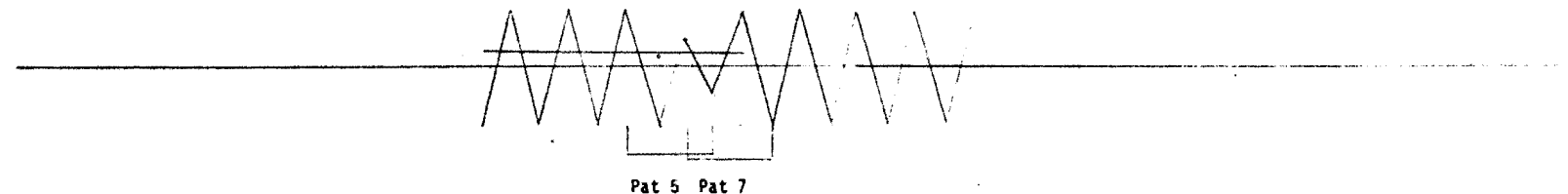
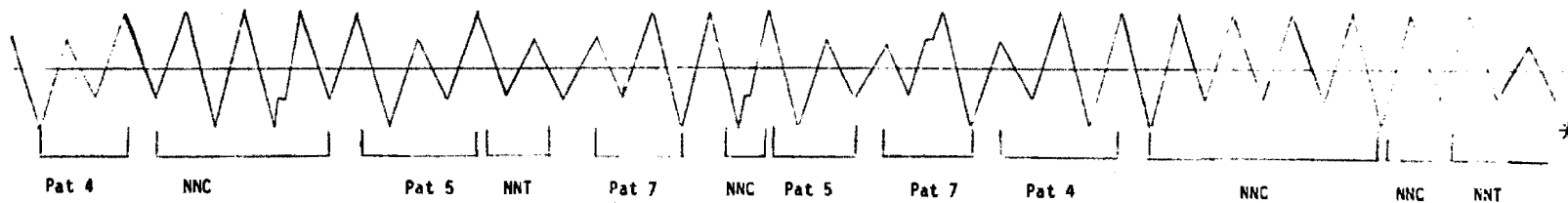


Figure 29. Flow Chart of Protocol B-5-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

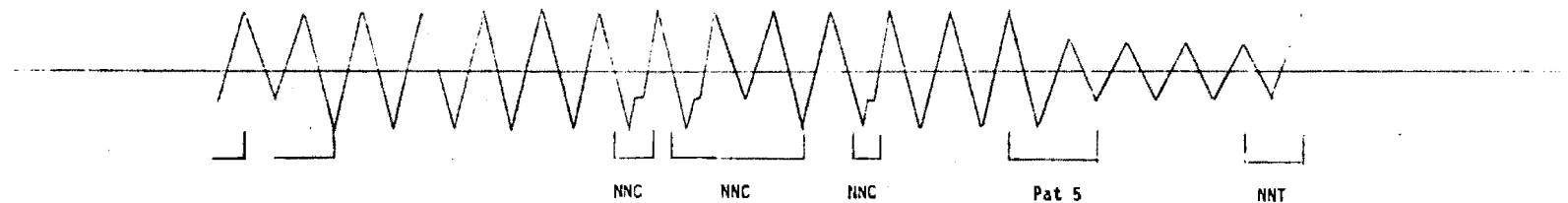


Figure 30. Flow Chart of Protocol B-6-1

seled together with the same therapist for some ten months; and Client 4 was an extremely passive person, often speaking very hesitantly and had seen the therapist only once or twice previously. The absence of marked differentiation in the interactional flows which reflect the divergent persons in the three interviews supports the notion that the flow of therapy is more a product of interactive elements and less a reflection of the personal attributes of the client or therapist at the outset.

However, because these three sessions can be placed on a continuum, it is necessary to inspect what other varying dimensions may characterize the interviews. For instance, protocol B-6-1 has only 49 interchanges while both B-4-1 and B-5-1 are composed about 90 interchanges. Further, the only relevant ratio of style changes to total interchanges is the therapist's extremely high ratio in protocol B-4-1, one change per 23 interchanges. All the other ratios range between one change to four interchanges and one change for every eight interchanges. The continuum in terms of reciprocating corresponds with the decreasing predominance of one style per interactant.

TABLE XVIII
 PERCENTAGES REPRESENTING APPEARANCES
 OF CLIENT AND THERAPIST IN PREDOMINATING STYLES:
 THERAPIST B - CLIENTS 4,5,6

Protocol Number	PREDOMINANT STYLES	
	CLIENT (Percent Passive)	THERAPIST (Percent Confrontive)
B-4-1	86%	96%
B-5-1	67	88
B-6-1	44	71

The amount of persuasion attempts also proceed along the same continuum: protocol B-4-1 involved three persuasion periods; protocol B-5-1, one; and protocol B-6-1, none. The contents were also diversified according to the stage of the therapist-client relationship. For instance, since protocol B-6-1 represented an initial interview, a majority of the time was spent by the therapist in collecting standardized information about the client. Since Client 4 had been assigned various tasks by the therapist in the preceding session, much of protocol B-4-1 was devoted to a discussion of whether the client followed through on the therapist's advice. Finally, protocol B-5-1 resembled a conversation between good friends with some kidding but centering most of the attention on the problem the client wanted to discuss. Thus, this last grouping seems to demonstrate a clear division between content and form in the interaction. One of the outstanding findings arising from the investigation of the sessions of Therapist B is the division between interactional flow and clients. Not only do different therapist-client relationships demonstrate different typical interactional patterns, but also different clients may demonstrate

the same type of pattern.

Sessions Involving Therapist C

The procedure for analyzing the last grouping of sessions in connection with Therapist B will correspond closely to the analysis here. The five sessions with Therapist C involved five different clients but only one typical interaction pattern, with one exception. Four of the sessions more or less illustrate encounter where the therapist initiates more stylistic changes while the client reciprocates more of the changes initiated by the therapist. However, these four sessions along with the exception where the therapist both initiates and reciprocates more than the client can be arranged along a continuum as demonstrated by the order of the five flow charts. However, as seen in Table XIX, the session which is not characterized by the pattern, protocol C-5-1, differs substantially more from the other sessions than the other four sessions differ from each other. The sequences common to the four sessions representing the typical pattern differ in three ways from the formal sequence of various elements in the session, deviating from that pattern: (1) in the sessions representing the typical interaction pattern, therapist-initiated non-negotiations were not succeeded predominantly by any other form while in protocol C-5-1, therapist-initiated negotiations often succeeded themselves; (2) in the four sessions similar in regard to flexibility, therapist-initiated negotiations were

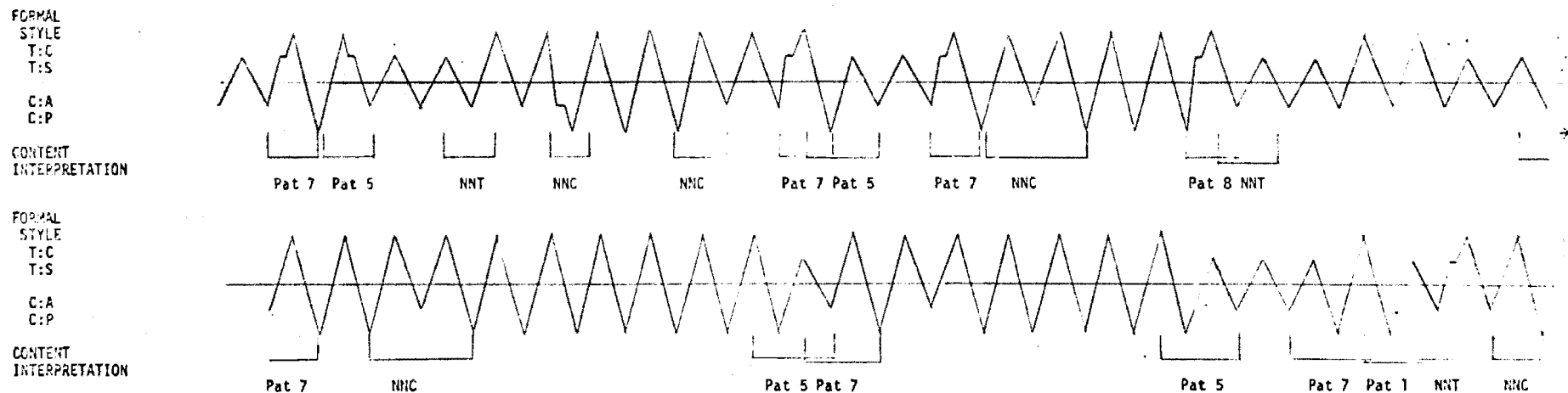


Figure 31. Flow Chart of Protocol C-1-1

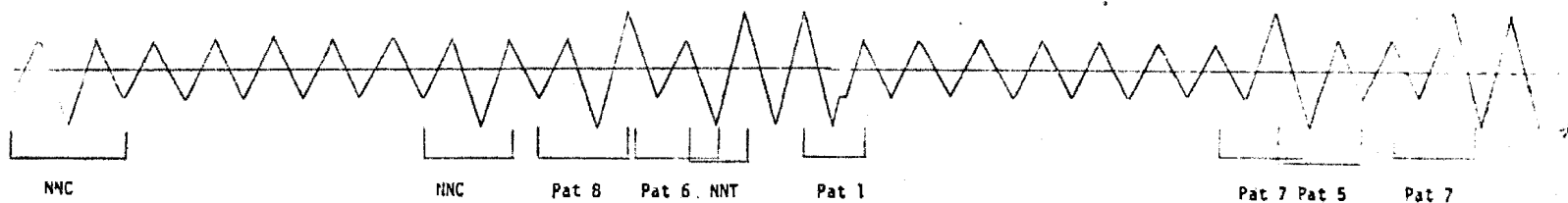
Legend:

- * Flow Continues
- x Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation Pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

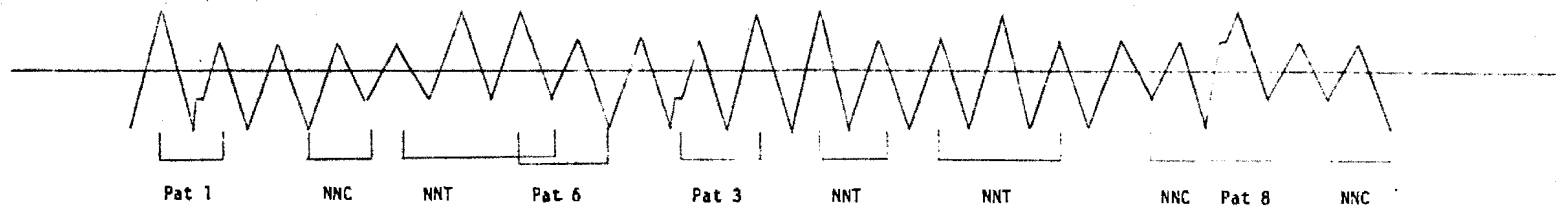
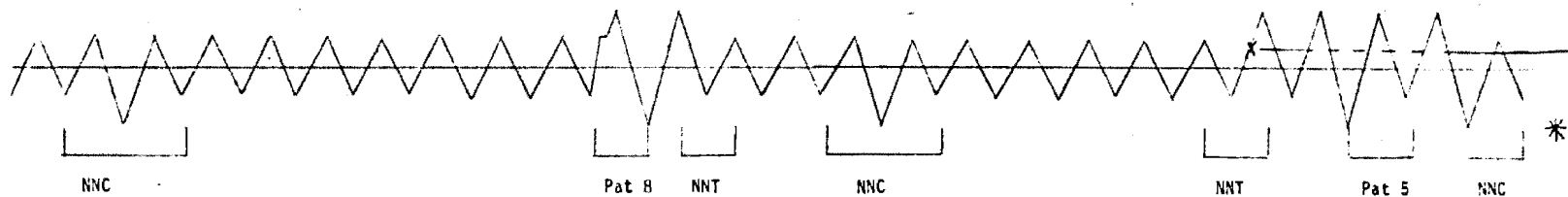


Figure 32. Flow Chart of Protocol C-2-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

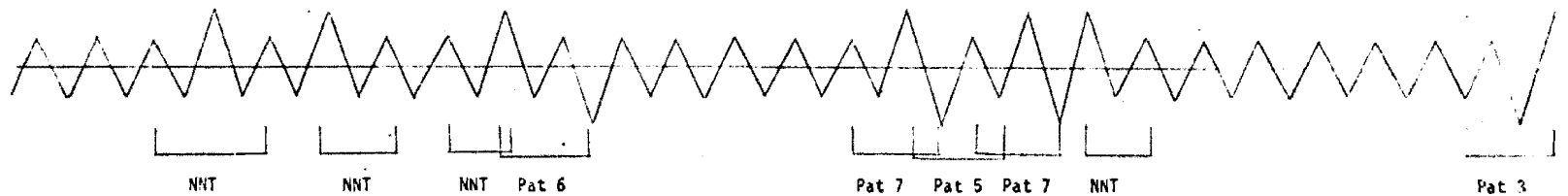
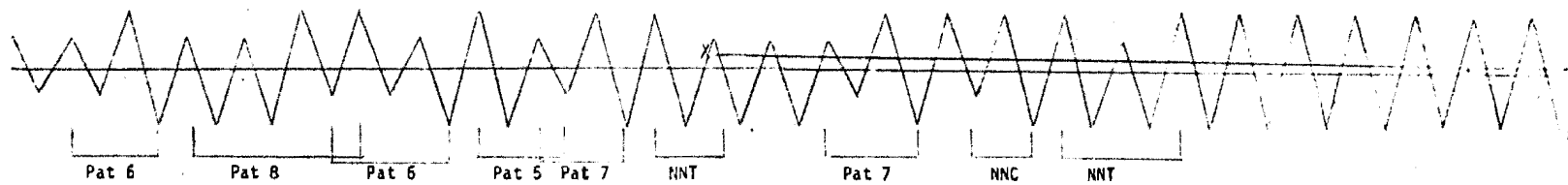


Figure 33. Flow Chart of Protocol C-3-1

FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION

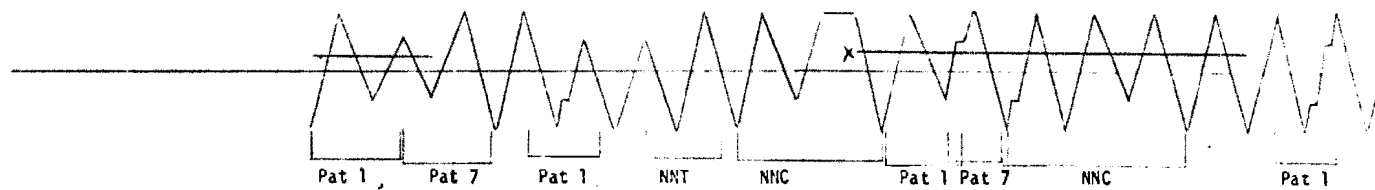
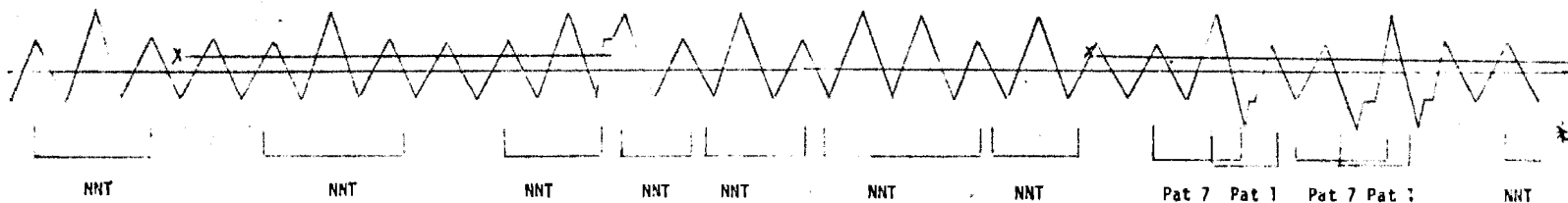


Figure 34. Flow Chart of Protocol C-4-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

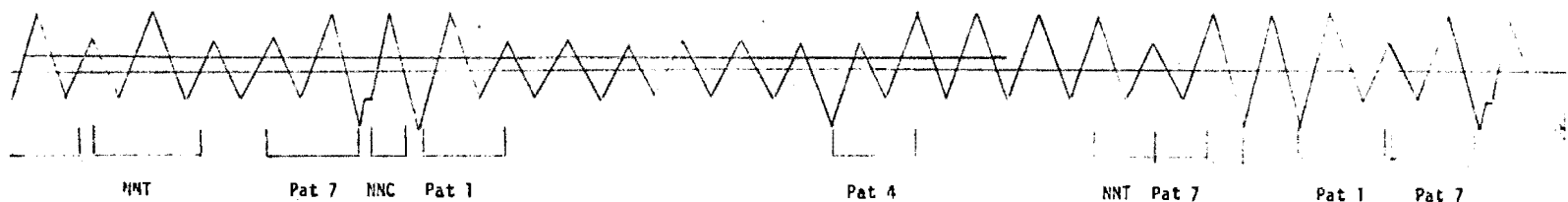
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

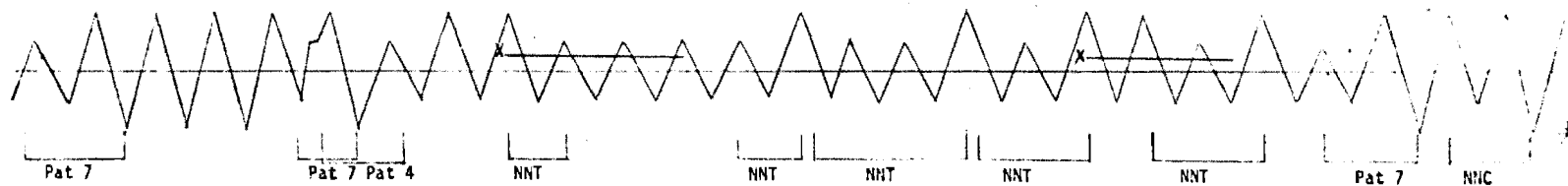
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

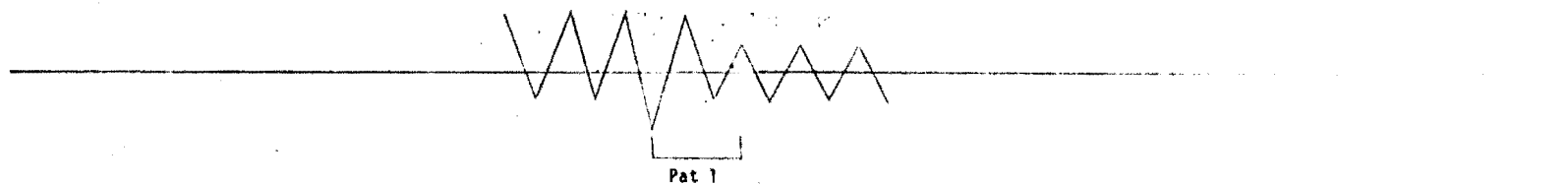


Figure 35. Flow Chart of Protocol C-5-1

TABLE XIX
A SUMMARY OF PATTERNS OF FLEXIBILITY:
THERAPIST C

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
C-1-1	14	7	2	10	28%	70%
C-2-1	11	7	2	7	28	64
C-3-1	10	4	1	5	25	50
C-4-1	11	7	4	7	57	64
C-5-1	22	9	7	1	78	35

followed most frequently by either other therapist-initiated negotiations or a period of no style change; in the session deviating from the pattern, therapist-initiated negotiations were succeeded most often by client-initiated negotiations; and (3) protocol C-5-1 contained periods of no stylistic changes followed by either non-negotiations or negotiations initiated by the therapist while the same type of period in the other protocols was associated most often with negotiations initiated by either therapist or client.

In investigating the conditions under which the interaction proceeded in each session, it should be noted again that the client varied in each session. In the four sessions identified with the typical interaction pattern, the client was male and rather young (under 30 years of age) while in the session deviating from the pattern, the client was an elderly female. However, the four male clients diverged in

the problem presented. Further, the four sessions representing the pattern clustered between 44 and 55 in total number of interchanges while protocol C-1-1 contained 88 interchanges altogether. Also, in the session differing from the common pattern, the ratio of stylistic changes to total interchanges was lower for the therapist than for the client but the opposite was characteristic of the other four interviews. The styles, as depicted in Table XX, are not immediately significant in distinguishing the typical pattern from the session deviating from that pattern.

TABLE XX
PERCENTAGES REPRESENTING APPEARANCES OF
CLIENT AND THERAPIST IN PREDOMINANT STYLES:
THERAPIST C

Protocol Number	PREDOMINANT STYLES	
	CLIENT (% Assertive)	THERAPIST (% Supportive)
C-1-1	53%	73%
C-2-1	54	31
C-3-1	84	76
C-4-1	34	27
C-5-1	82	49

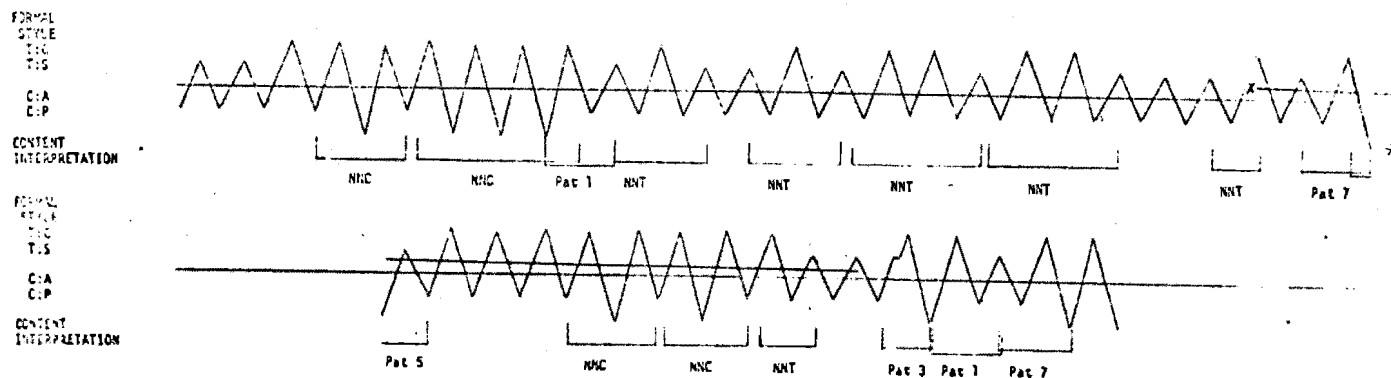
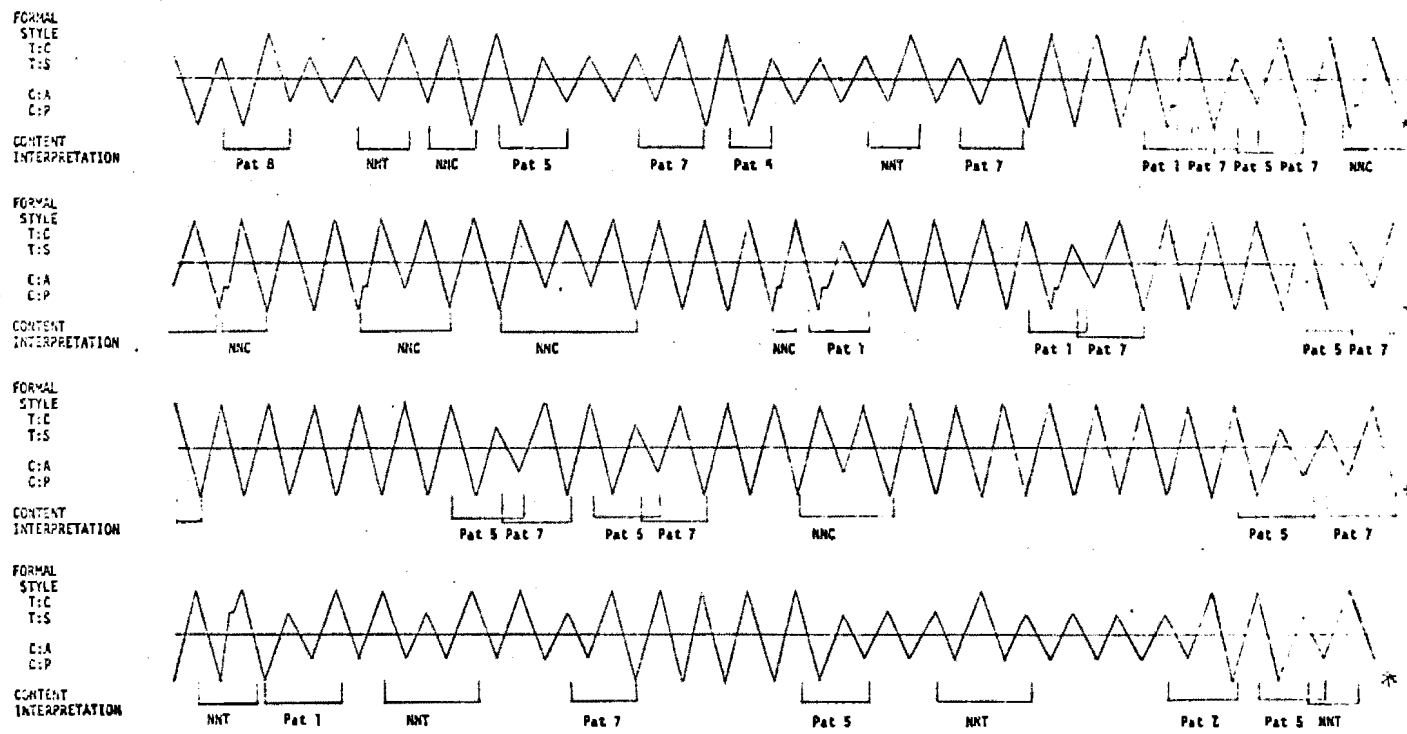
Protocol C-5-1, in regard to style, appears to be in the middle of the range for the therapist and similar to protocol C-3-1 in representing a session where the client assumes for the most part assertive strategies. Further, protocols C-5-1 and C-3-1 can be differentiated in terms of content, for protocol C-5-1 had several long-lasting persuasion periods whereas protocol C-3-1 contained only one minor persuasion

effort. Also the topics of the persuasion efforts justify the labelling of the session deviating from the pattern as portraying major persuasion efforts--the main persuasion period concerned the client's leaving her husband--and protocol C-3-1 as a minor effort--the persuasion being concerned with whether the client was to read a certain book.

The final dimension separating protocol C-5-1 from the other four concerns the type of therapist-client relation it represents. Protocol C-5-1 was a session in which the client met with the therapist alone for the first time; she had seen Therapist C with her husband three prior times. All of the other four sessions were somewhat early in the therapist-client relationship--either the second or third session. Thus, from the discussion of the five interviews the reason protocol C-5-1's flow differed significantly from the processes of the other four interviews appears to be a combination of factors. Essentially, the client's assertive strategies along with the long, somewhat intense persuasion pushes by the therapist changed the usual interaction pattern of the therapist.

Sessions Involving Therapist D

The six clients observed in session with Therapist D revealed very similar interaction patterns as indicated in the flow charts. Since the last chart represents an exception to the pattern of the other five--where the therapist initiates



Legend:

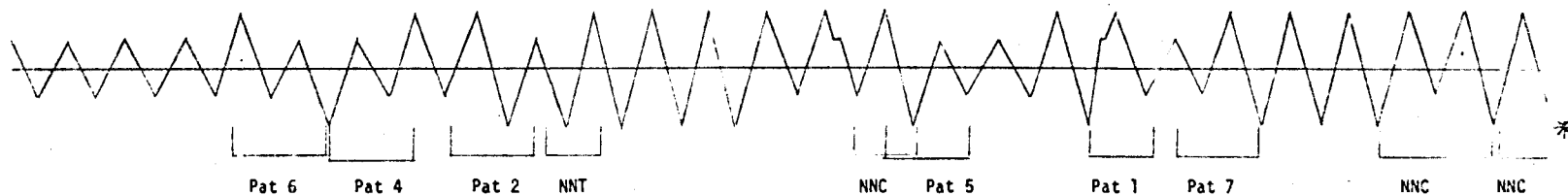
- * Flow continues
- Persuasion Attempt
- T:C Confrontive Style of Therapist
- T:S Supportive Style of Therapist
- C:A Assertive Style of Client
- C:P Passive Style of Client
- Pat Negotiation Pattern
- NNC Non-negotiation initiated by client
- NNT Non-negotiation initiated by therapist
- Crossing of Center Line: One Turn

Figure 36. Flow Chart of Protocol D-1-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

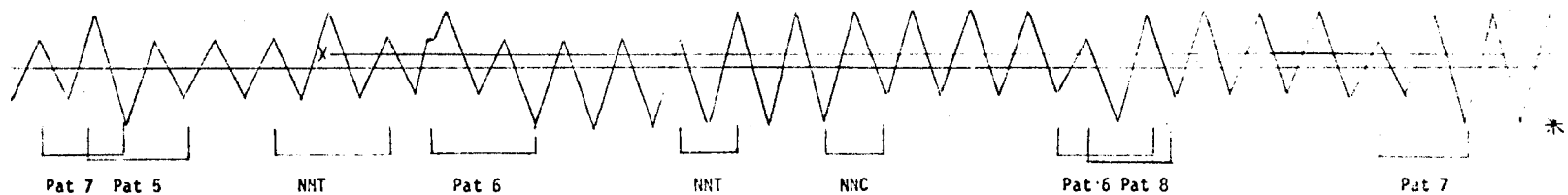
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

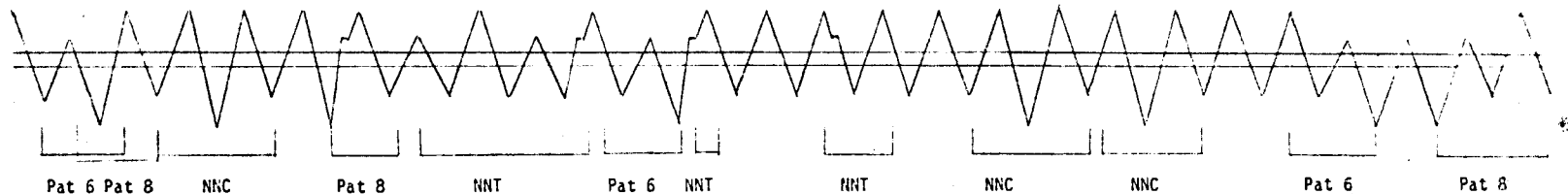
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

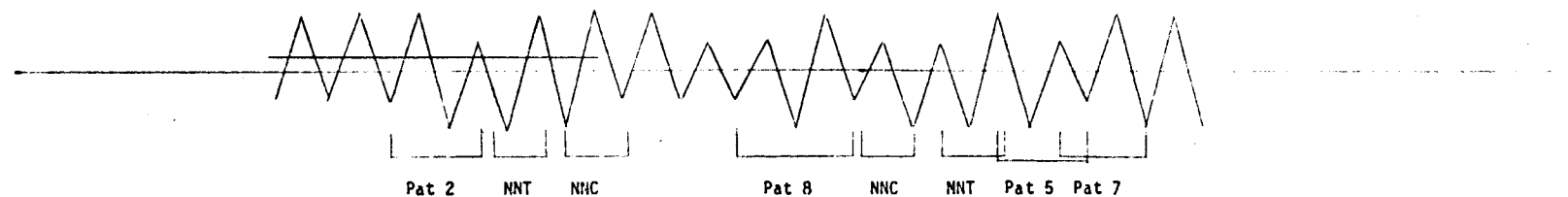
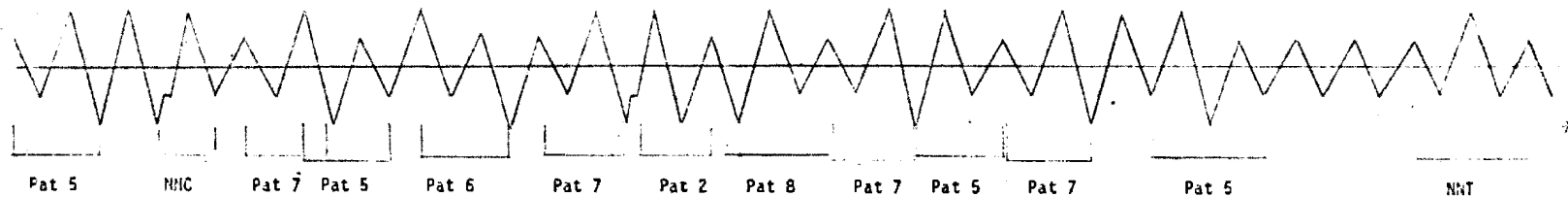


Figure 37. Flow Chart of Protocol D-2-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

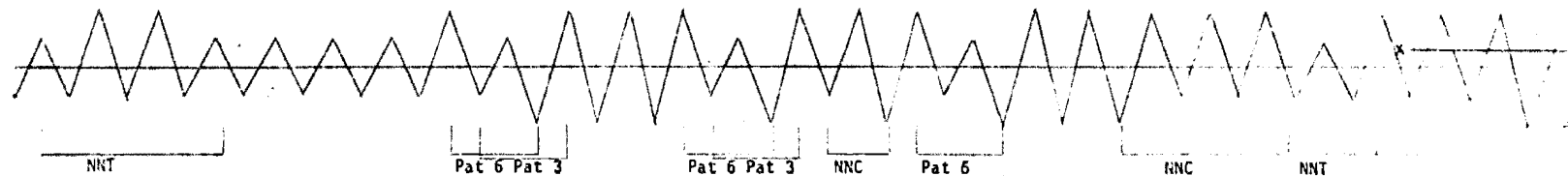
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

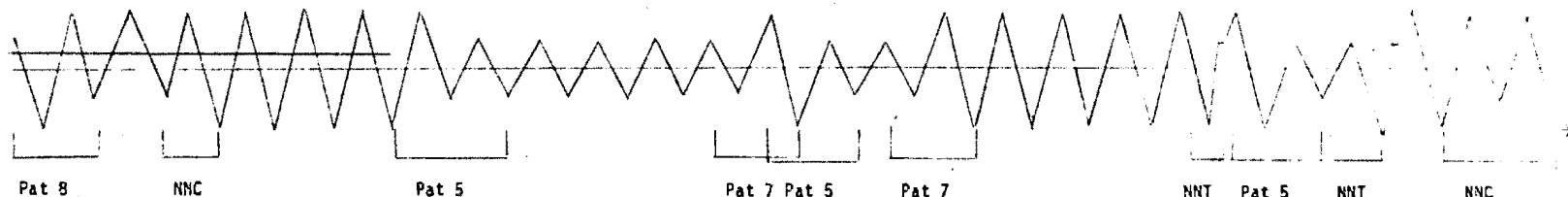
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

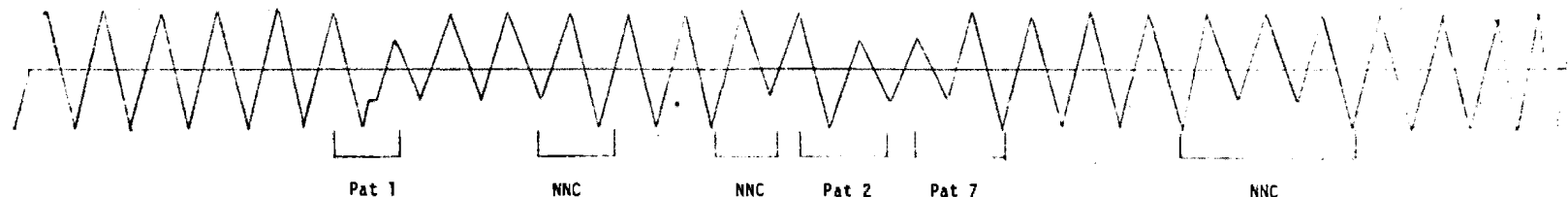
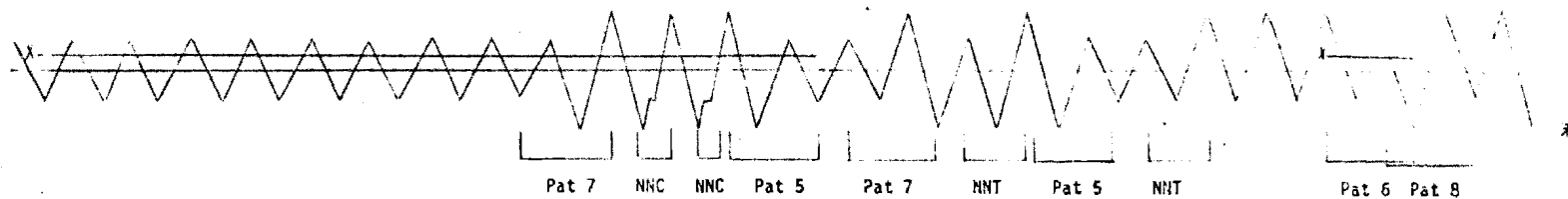


Figure 38. Flow Chart of Protocol D-3-1

FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S
C:A
C:P
CONTENT
INTERPRETATION

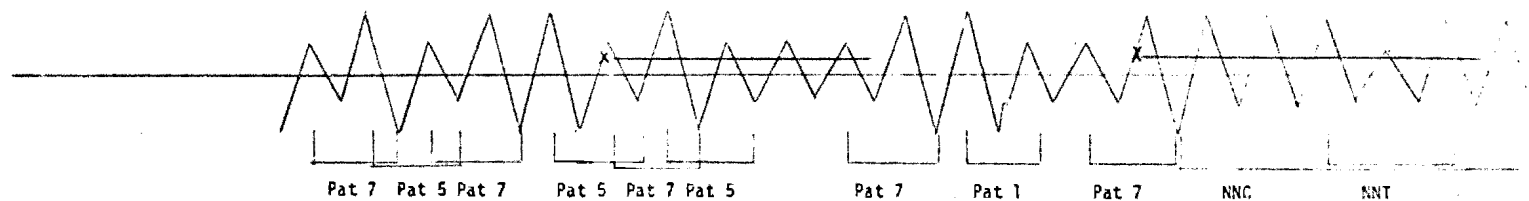


Figure 39. Flow Chart of Protocol D-4-1

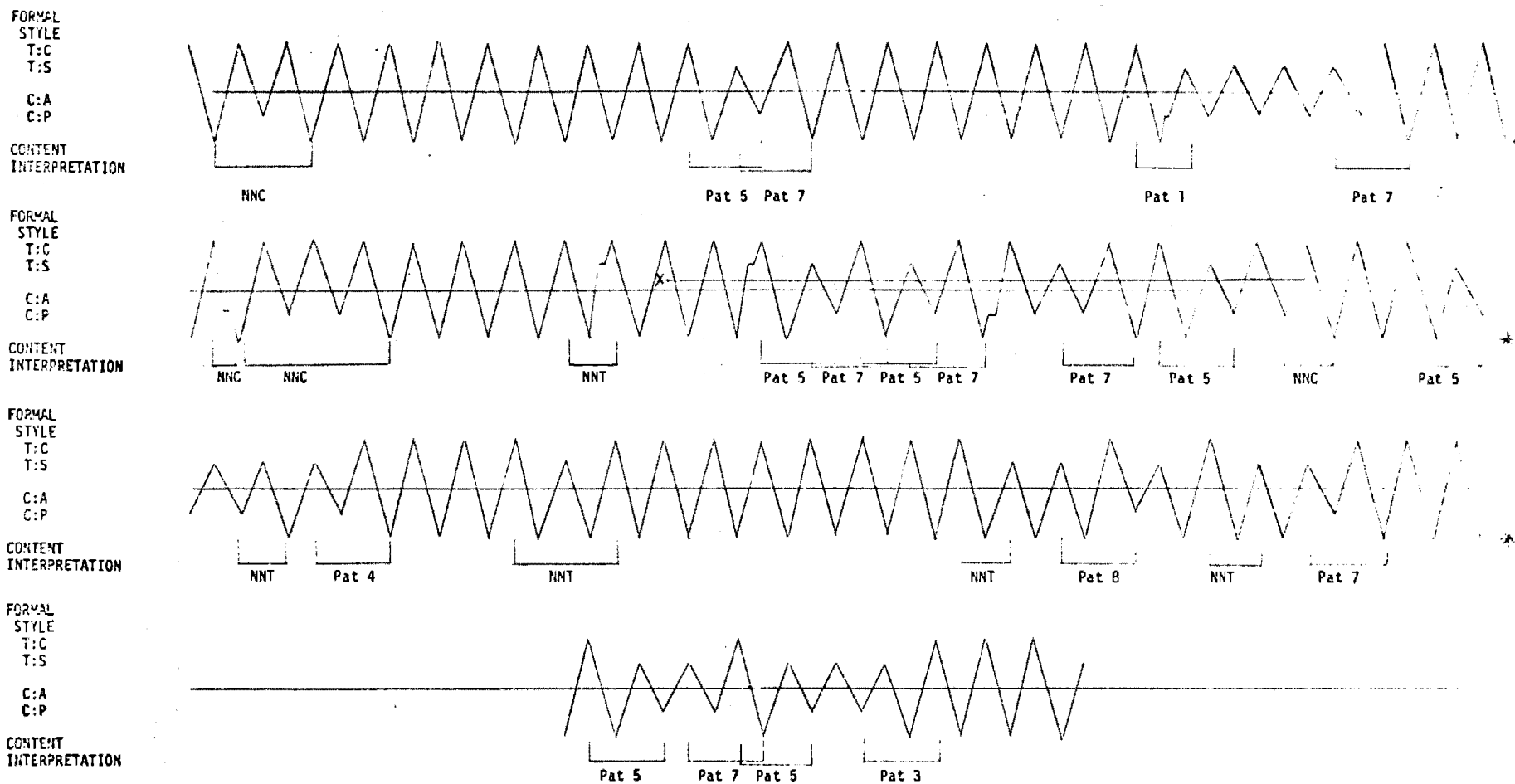
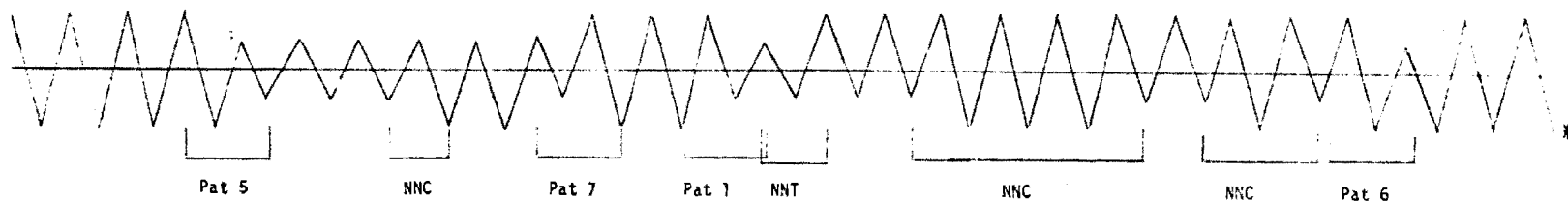


Figure 40. Flow Chart of Protocol D-5-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

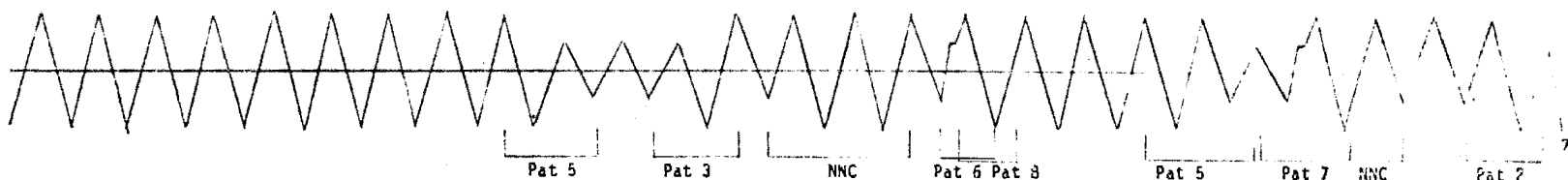
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

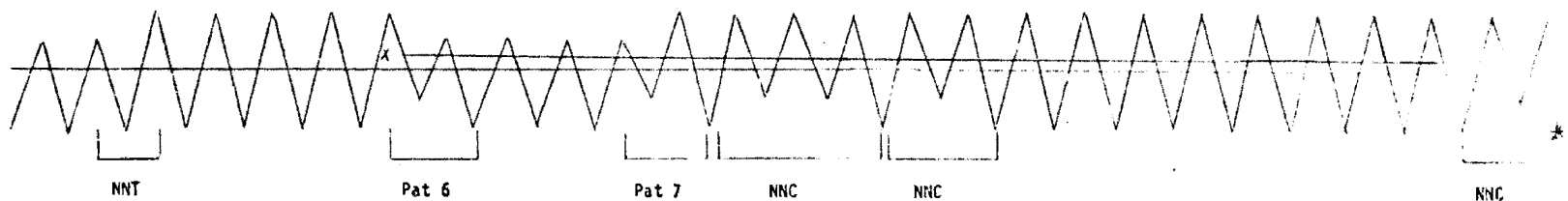
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

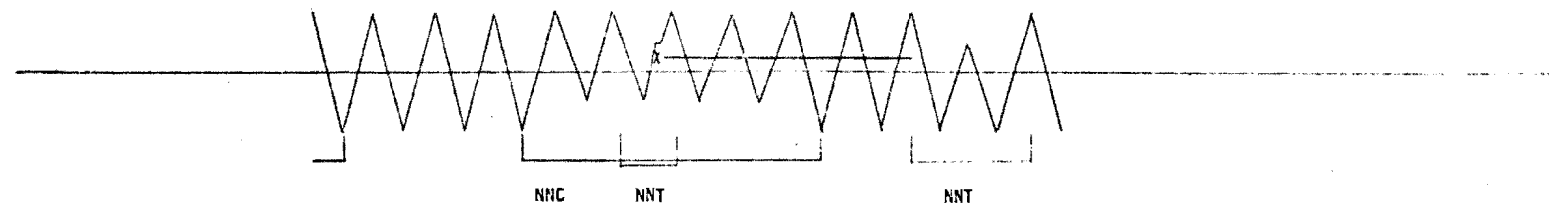


Figure 41. Flow Chart of Protocol D-6-1

more style changes and the client is more active in reciprocating changes--and because it differs by closing the discrepancy between client and therapist in initiating varying formal actions, the protocols have been arranged from the session representing the greatest gap in therapist's and client's initiations of stylistic changes being first to the least gap, the exception, last. Table XXI summarizes the phenomenon just described.

TABLE XXI

A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST D

Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
D-1-1	35	16	6	25	38%	69%
D-2-1	27	11	3	19	27	70
D-3-1	22	10	4	8	40	82
D-4-1	15	4	1	12	25	80
D-5-1	17	7	3	14	42	82
D-6-1	14	12	1	11	8	79

Curiously enough, the sessions which differs from the typical interaction pattern in regard to initiating actions represents the most extreme example of the pattern in the client's reciprocating more style changes than the therapist. Such a mixture may obscure a clear differentiation of the exception from the other five sessions. There is one indication of the difference between the types of patterns by sequences--therapist-initiated non-negotiations are followed by a variety

of forms in the sessions exemplifying the typical pattern for Therapist D while therapist-initiated non-negotiations are usually succeeded by client-initiated non-negotiations in the session which deviates from the pattern. It can also be noted that a trend appears to characterize both protocols D-3-1 and D-6-1 where more style changes occur in the first half of the session and the maintenance of a style by each participant is more steady in the second half. A reverse of this trend occurs in protocol D-5-1. Thus, trends appear unrelated to patterns of flexibility, in relation to Therapist D.

In regard to variations among the different clients represented, the clients are quite heterogeneous. For instance, the clients are equally divided between male and female and four of the six were involved in an initial session with the therapist. Nothing appears to differentiate the client appearing in protocol D-6-1 from the clients encountered in the other sessions. Also, there is no differentiation by amount of total interchanges transpiring although protocol D-6-1 does vary in that the therapist's ratio of stylistic change is one change every 11 interchanges, a much higher ratio than all the others, both by client and therapist, which average about one change per five interchanges. Another condition to be investigated, the predominant styles maintained, is summarized in Table XXII.

TABLE XXII
 PERCENTAGES REPRESENTING APPEARANCES
 OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:
 THERAPIST D

Protocol Number	PREDOMINANT STYLES	
	CLIENT (% PASSIVE)	THERAPIST (% CONFRONTIVE)
D-1-1	50%	70%
D-2-1	41	64
D-3-1	51	68
D-4-1	35	50
D-5-1	71	71
D-6-1	71	80

The predominance of one style for the client or therapist does not reflect the continuum but seems just to indicate that both protocols D-5-1 and D-6-1 have a high degree of maintenance of a passive style by the client and a confrontive style by the therapist. In regard to content, the interviews are all characterized by a mixture of information gathering and persuasion efforts by the therapist. No specific type of content seems to delineate the exception from the sessions reflecting the pattern. Thus, as mentioned earlier, due to the fact that protocol D-6-1 both deviates from the typical pattern in initiating changes and conforms to the typical flow in reciprocating changes, there is a lack of distinctiveness in dimensions surrounding the sessions. The clearest distinction is the decreased amount of stylistic changes made by the therapist in protocol D-6-1.

Sessions Involving Therapist E

The final grouping of sessions involves Therapist E.

Although two of the sessions involve the same client, the sessions will be treated with the other two because the former couple reflect a pattern typifying Therapist E's sessions. One of the sessions, however, does depart from Therapist E's usual interaction pattern-where the client both initiates and reciprocates more style changes than does the therapist-because it depicts both therapist and client as initiating and reciprocating almost equivalently. The arrangement of the flow charts attempts to illustrate a continuum based on percentage of reciprocity, but the one session not fitting the typical pattern, the last in the series, more or less breaks from the continuum.

In order to summarize concisely the flexibility of the participants in the four sessions, the following table has been constructed.

TABLE XXIII

A SUMMARY OF PATTERNS OF FLEXIBILITY:

THERAPIST E

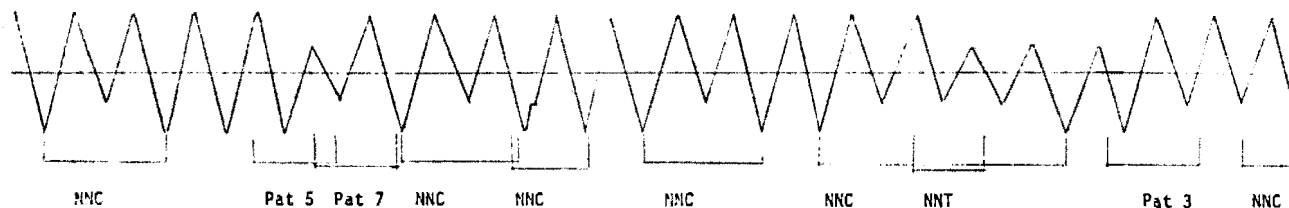
Protocol Number	STYLISTIC CHANGES					
	No. Initiated		No. Reciprocated		% Reciprocated By	
	Therapist	Client	Therapist	Client	Therapist	Client
E-1-1	3	7	1	2	14%	67%
E-2-1	8	18	4	6	22	75
E-2-2	6	16	3	4	19	67
E-3-1	7	5	2	3	40	42

The sequences following certain forms also differentiate protocol E-3-1 from the other sessions; that is, in the three

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



Legend:

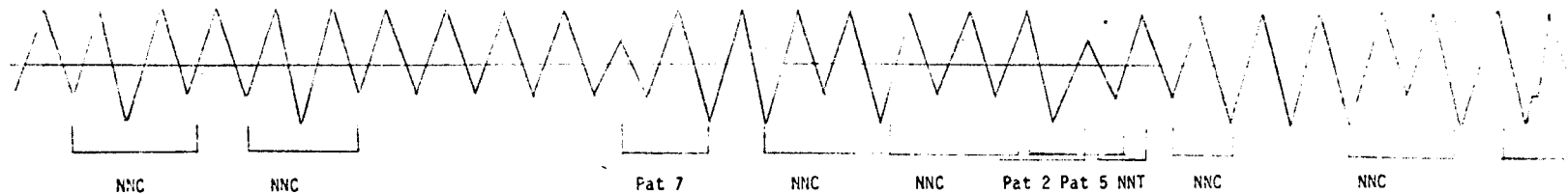
Figure 42. Flow Chart of Protocol E-1-1

* Flow continues
x Persuasion Attempt
T:C Confrontive Style of Therapist
T:S Supportive Style of Therapist
C:A Assertive Style of Client
C:P Passive Style of Client
Pat Negotiation Pattern
NNC Non-negotiation initiated by client
NNT Non-negotiation initiated by therapist
Crossing of Center Line: One Turn

FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

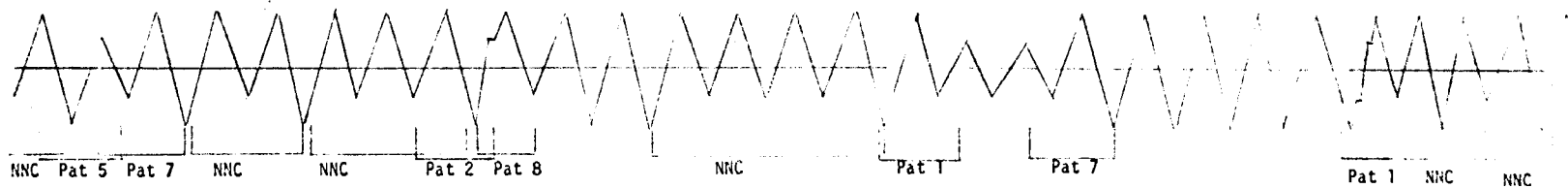
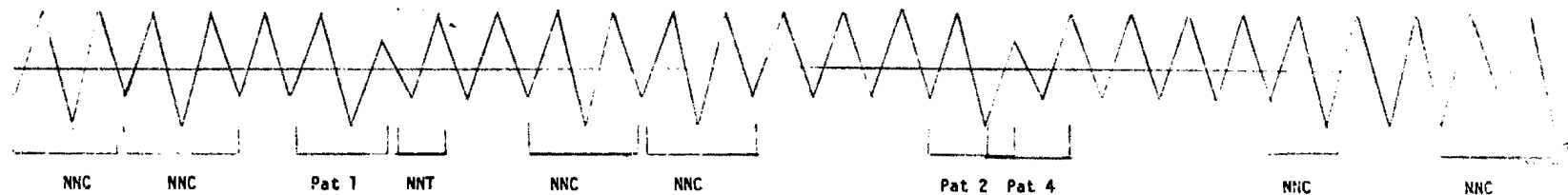


Figure 43. Flow Chart of Protocol E-2-1

FORMAL
STYLE
T:C
T:S

C:A
C:P

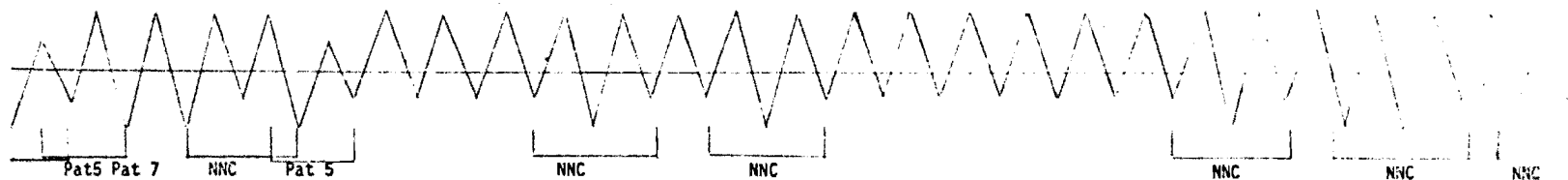
CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION



FORMAL
STYLE
T:C
T:S

C:A
C:P

CONTENT
INTERPRETATION

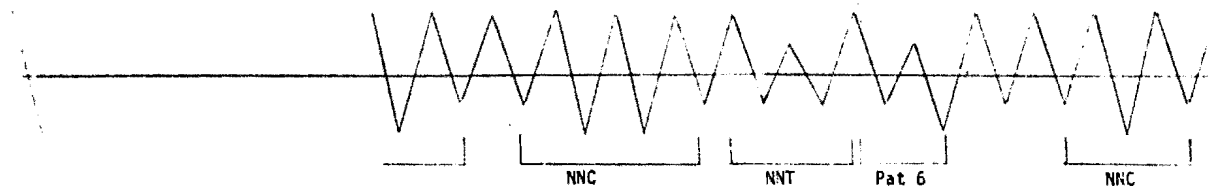


Figure 44. Flow Chart of Protocol E-2-2

FORMAL
 STYLE
 T:C
 T:S
 C:A
 C:P
 CONTENT
 INTERPRETATION

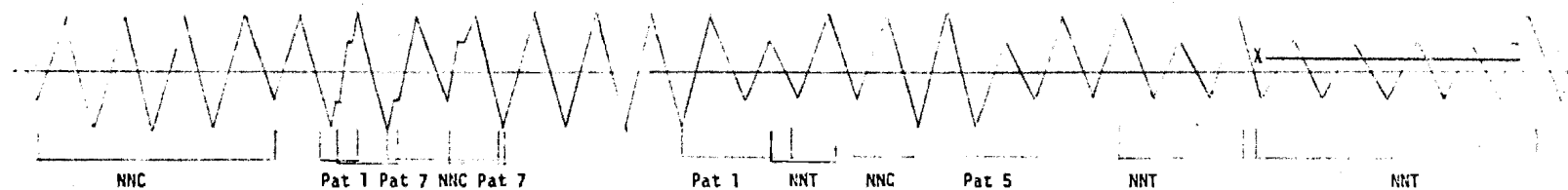


Figure 45. Flow Chart of Protocol E-3-1

sessions featuring Therapist E's typical interaction mode, periods without style change succeed and are succeeded by client-initiated negotiations, while protocol E-3-1 contains periods without stylistic changes succeeded most often by client-initiated negotiations and client-initiated non-negotiations, followed in the main by therapist-initiated negotiations.

Although the three clients involved are all female and long-term clients, the one appearing in the exceptional pattern was a "favorite" of the therapist, as indicated to the researcher by the therapist in informal conversation. By "favorite", the therapist was indicating that this client was a "success" and had achieved remarkable progress through therapy sessions and the help of certain community agencies. Accordingly, the therapist regarded her with much pride. Moreover, the number of total interchanges fail to differentiate the two types of sessions. However, the ratio of style changes to total interchanges does demarcate protocol E-3-1 from the others, as shown in Table XXIV.

TABLE XXIV

THE RATIO OF STYLE CHANGE TO INTERCHANGES:

THERAPIST E

Protocol Number	Ratio of Style Changes/Total Interchanges	
	Client	Therapist
E-1-1	1 per 3	1 per 11
E-2-1	1 per 3 1/2	1 per 9
E-2-2	1 per 4	1 per 12
E-3-1	1 per 6	1 per 5

Stylistic changes are much more evenly distributed in protocol E-3-1. Also protocol E-3-1 is the only session featuring a persuasion effort; incidentally, it was initiated by the client. She wanted some advice from the therapist on whether to accept a certain job. The only stylistic differentiation between protocol E-3-1 and the other sessions is the much lower maintenance of a confrontive style by the therapist.

TABLE XXV

PERCENTAGES REPRESENTING APPEARANCES

OF CLIENT AND THERAPIST IN PREDOMINANT STYLES:

THERAPIST E

Protocol Number	PREDOMINANT STYLES	
	CLIENT (% Passive)	THERAPIST (% Confrontive)
E-1-1	57%	82%
E-2-1	43	88
E-2-2	32	91
E-3-1	39	68

Thus, the deviation of interactional flow by Therapist E did appear to hinge on who the client was. It should be noted that in all other instances involving different clients the tendency is for the same rather than a different interactional pattern to be invoked. This occurred for Therapist E in the lack of differentiation of patterns between the two clients involved in the other three sessions.

A Summary: An Analysis of the Conditions Affecting the Lack of Consistency in Interactional Flows of Therapy Sessions

A general finding emerging from this investigation of

the interactional flow of therapy sessions in relation to particular therapists is the absence of a mode of interaction characteristic of a therapist which dominates all of his/her sessions with clients. Each of the five therapists had at least one distinctive interactional pattern with clients but each therapist also deviated from that pattern in one or more instances. Incidentally, the two therapists most distinctively "directive" utilized most frequently the pattern where the client both initiated and reciprocated more style changes than did the therapist, while the three therapist indicating a more or less "non-directive" orientation most often demonstrated an interactional pattern in which the therapist initiates more style changes and the client reciprocates a greater proportion of the stylistic changes.

Also, there is no clear evidence that who the client was consistently affects the interaction because the therapist is the main demonstrated the same interactional pattern with different clients. Further, different interactional patterns were associated with the same therapist and the same client in different sessions. Thus, the evidence here indicates that elements within the interaction itself affect the flow whereby an interaction proceeds from beginning to end.

There is one other major generalization which can be derived from the preceding analysis of the process characterizing therapy sessions: it concerns the conditions surrounding the changes of a therapist's pattern of interaction

with a client. There were three types of changes made by therapists: as indicated by the continuum: the therapist became more initiating of stylistic changes; he or she reciprocated a greater proportion of changes; or the therapist initiated style changes less often. The first switch, where the therapist initiates a greater proportion of the stylistic changes, was circumscribed by a variety of conditions the three times it occurred: a difference in clients (one time only), the quantity of interchanges, the ratio of stylistic changes to total interchanges, the content involving a persuasion, the dominance of the interactants' styles, and the stage the session represented in the therapist-client relationship. The same type of conditions characterized the five occasions where the therapist became more reciprocating. Excepting the distinctive occurrence of the persuasion attempt, similar dimensions illustrated the therapist's becoming less initiating of style changes.

Apparently, no one distinctive interactive element could be used to predict when the therapist will demonstrate his/her typical interactional pattern and when he or she will deviate from that pattern. What does seem to be suggested, however, is a whole set of elements in a session participating in the change from a typical mode of interacting. These findings are somewhat suggestive of Kenneth Burkes's pentad of act, scene, agent, agency, and purpose to investigate social situations. (Burke, 1969: xv) In short, multiple dimensions of the situation appear to contribute to the flow of interaction in a therapy session.

CHAPTER V

SOME REFLECTIONS ON NEGOTIATION

Introduction

This thesis has been an attempt to operationalize the concept of negotiation with a methodological scheme and then to employ the scheme to systematically investigate negotiation processes in therapy sessions. At this time, it appears appropriate to discuss the two types of information emerging from the study--comments on the feasibility of applying the methodological scheme in future endeavors and hypothetical generalizations developed by comparing this analysis of therapy sessions with other theoretical contributions on interaction in similar dyadic settings.

Comments on the Methodological Scheme

As mentioned occasionally in the preceding chapter, problems have arisen in endeavoring to utilize a predefined scheme to analyze data which is relatively free-flowing, often spontaneous in character. The most problematic feature appearing in the coding of the protocols. For instance, at times the recall of a tonal quality of a response would have indicated a supportive strategy but because the response technically fulfilled the description of a confrontive strategy in the scheme, it would be coded as confrontive. At

least in part, the problem resembles the current question about whose perspective is being taken by the researcher in the analysis of the data. In part, the coding difficulty occurred most often with those who used supportive strategies but employed specific questions while exploring a certain topic with a client. Often the questions asked by the therapist appeared to be suggested by the client's previous contributions. In some cases, the dilemma was resolved by attempting to apply the questions as rigorously as possible. Nevertheless, the dilemma presents, I think, the type of conflict arising in analyzing qualitative data with a more or less quantitative scheme.

In addition, originally no provision was made for a change of styles within a single session of a participant. However, after examining the responses to noting the frequency with which a client or therapist would begin using one strategy and subtly switch to another type of technique, the coding was altered so that any session could be labeled as first representing one style and then the other style. Goffman maintains that the failure to consider the possibility for a single turn of talk to have more than one move is possibly omitting the most significant realities. (1971: 148)

Further, the scheme originally listed four combined styles as possible. However, as noted by a glance at the flow charts, the combination in cell three

where the therapist is supportive and the client responds in a passive style did not occur as frequently as the other three combined styles. However, the category should not be eliminated because of its infrequent appearance in the process of the session. Indeed, its appearance in style transitions illustrates a dimension which might otherwise have been overlooked. In short, the times the combined style does materialize appear to be more or less undirected segments of the interview. The rapidity with which either one **or the other participant** changes styles seems to validate some interactionists' claims that an interaction must be directed or it will come to a standstill. (Stone, 1970: 396)

Despite these problems with the methodological model imposed on the data, certain advantages of maintaining a rigorous analysis have been clarified. For example, the measures obtained enable the researcher to confirm or disconfirm various impressionistic conclusions. In addition, by separating form from content, the scheme could possibly be used to analyze a variety of dyadic encounters such as occur in everyday conversations, between a doctor and patient or between a lawyer and his/her client and compare the forms and changes in forms to advance conclusions which would not be confined to a specific type of dyadic encounter. Further, the value of the scheme could be enhanced by interviewing each participant after the encounter about his/her perception of the encounter's separate contents such as information

exchange as a check on the reliability of the analysis in regard to capturing the meaning of the interaction. In particular, this would be useful with respect to asking the supportive therapist to identify the segments of an interview he or she considered attempts to persuade the client to change a stance. One other suggested use of the scheme concerns the possibility that negotiations studied on a longitudinal basis from the beginning to the end of a therapist-client relationship might suggest alterations in the methodological scheme. In concluding this section, it should be noted that the scheme does appear to validate that the contextual method alone may be a useful tool for analyzing social interaction. (Schefflen, 1965)

Theoretical Contributions

The following discussion will consist of three sections. First, the qualifications this study suggests for earlier conclusions about therapy sessions will be identified. Then, some ideas about how a therapy session contrasts with everyday conversations will be suggested. The last section will consider the concept, "defining the situation," in reference to a therapy session.

As outlined in the first chapter, Scheff discusses one type of negotiation in his analysis of a therapist-client encounter. (1968) The negotiation pinpointed by Scheff is the client's change of stance with respect to her responsibility for a problem with her husband. He also attributes

the client's change to the control of the interview by the psychotherapist. Two findings of the present study qualify what Scheff addressed and two other conclusions amplify his concept of negotiation. The qualifications identified include the possibility that a negotiation may not occur in Scheff's sense of the word. That is, in a persuasion attempt, a client may not change his/her stance but may instead attempt to control the interactional flow or struggle over the control of the interchange with the therapist. In short, the client does not always change his/her stance in a decision-making phase of a therapy session. Indeed, upon occasion, the therapist alters his/her stance in the persuasion process. In addition to Scheff's type of negotiation of a verbalized stance, at least two other types of negotiation can be observed in therapy encounters: the vacillating interpretations about whether a response is to be considered as information or as opinion, and the reciprocal change of styles by therapist and client.

Another article's stance qualified by this study is a contribution by Haley (1959). Haley maintained that both directive and nondirective therapists employed techniques so that clients could not gain control of the session. With his framework, Haley, as Scheff, would have some difficulty explaining why so many clients today appear sophisticated enough that they argue, disagree, and fail to yield in persuasion attempts promoted by the therapist. In short,

Malley could not explain the apparent control wielded by some clients in therapy sessions. In addition, according to the analysis here, there are times in the interview when a client can and often does assert control. For instance, a client may refuse to be pressed into making a decision desired by the therapist. Also, a client does not have to agree but may disagree with therapists' opinions. Finally, a very passive client can effectively use pauses and hesitations with the result that the therapist has little, if any information, to utilize in controlling and directing the interview further. Thus, the study here may not only have delineated negotiation more clearly than in past studies, but it may also have amplified the scope of what is considered negotiable in therapy sessions.

Since no empirical comparison was included in this study, a comparison of dyadic therapy encounters and everyday encounters between two persons will be confined to contrasting the general findings of this study of therapy sessions with comments of Speier in an analysis of everyday conversation. Some remarks of Speier appear to be quite accurate in describing therapy sessions. For instance, his comment that topical discussions are a method whereby a conversation is structured and ordered is also invoked in most therapy sessions. In fact, the choosing of topics is definitely one maneuver clients can employ to order conversations as they desire. There is one topic,

however, that distinguishes some therapy sessions from conversations; that topic is the issue of terminating the therapist-client relationship. The discussions on terminations and related issues such as setting the length of time the client should see the therapist illustrate the basic contractual aspect of therapy encounters. That is, implicitly, if not explicitly, therapy sessions are supposed to be goal-directed. Accordingly, therapy as opposed to everyday encounters can be more appropriately explained by a bargaining model in which behavior is viewed as goal-directed and outcomes are considered dependent on initial conditions of the contract. (Weinstein, and Deutschberger, 1964: 452) In short, negotiated contents are probably more likely to occur within a contractual framework such as that circumscribing a lawyer and his/her client or a therapist and client rather than other frameworks such as a conversation between friends.

There is also some indication that negotiation of styles may transpire more frequently in therapy sessions. In face-to-face communication, Speier notes, one common pattern has been identified by Sacks as the chaining rule. That is, whoever asks the first question also asks succeeding questions. Thus, Speier contends that the initial questioner exercises "considerable interactional control over conversational development." (Speier, 1973, 98) Chaining was evident only in a minority of the therapy sessions. Indeed, in most interviews, as can be seen in the flow charts,

stylistic changes occurred so often that the chaining rule could not dominate the interaction. If Speier's characterization of everyday communication is somewhat accurate, then negotiation of styles may be more or less confined to dyadic encounters within particular contractual frameworks. Nonetheless, all these suggested contrasts of face-to-face communication and the same kind of communication within the confines of a therapy session could be empirically confirmed or disconfirmed by comparing the two types of dyadic interactions with a single methodological model.

A final theoretical extension of the findings about therapy session reflects on the relevance of the concept, definition of the situation. The process of defining the situation involves ascribing to each player a particular character in that particular interaction. So, the process can also be a method by which one interactant acquires control over the interaction (Goffman, 1959: 3-4), such as a situation where the characters are defined as doctor and patient. Joan Emerson has described the usual doctor-patient relation as a medical definition of the situation. By observing gynecological examinations, she concluded that a certain ambiguity existed as to whether the situation would be defined in medical terms or on personal grounds. (Emerson, 1970: 80) In addition, Emerson maintained that "situations differ in how much effort it takes to sustain the current

definition of the situation." (1970: 75)

Similarly, in therapy sessions there often appeared to be some shifting between defining the situation as an interaction between a therapist and a client or as a conversation between friends. This conflict was discussed with the researcher by at least three of the six therapists. The ambivalence of the definition of the situation -the vacillation between two contradictory definitions (Hajda, 1968) - plagued the therapists who utilized supportive styles more often than the therapist who would only infrequently employ supportive strategies. Indications within the interview illustrating discomfort of therapists with a friendly or personal rather than a professional or therapeutic definition of the situation were mostly variations of attempts to redefine the situation. For instance, in one interview where the therapist was more or less a listener and the client quite talkative, the therapist began to confront the client with opinions toward the end of the interview. A more drastic method used by a therapist disturbed with the nonprofessional definition of the situation was attempting to persuade the client to either quit therapy or continue therapy on different grounds. At other times, a therapist will resign him/herself to friendship with a client and transfer the client to another therapist for "therapy." Therapists who are in the main confrontive may simply demand that the client maintain a patient-like role or refuse to listen to contributions from the client

which are not in accord with a therapeutic definition of the situation. In short, this type of therapist redefines the friendly interaction into a therapeutic one more quickly and more successfully than does the therapist who is supportive in the main.

In conclusion, the findings discussed in this thesis definitely support the stance that interaction in itself is a feasible arena for sociological investigation. As indicated in the first chapter, the study of negotiation was simplified somewhat due to the confinement of its occurrence within a structural framework, the therapist-client relationship. In spite of the ambiguity noted in this particular relationship, the potential for ambiguity in interaction would probably increase with situations occurring outside of some structural framework. In short, what is negotiable may become much less certain in face-to-face behavior without definite boundaries as to who the participants are, what they are supposed to do, and so forth. Nonetheless, this study has indicated that explorations into negotiation even within a structural framework may produce findings which can be tested and perhaps modified within similar or other diverse structural situations.

REFERENCES

- Bales, Robert F.
(1950) Interaction Process Analysis. Cambridge, Massachusetts: Addison-Wesley.
- Blum, Alan F. and Larry Rosenberg
(1969) "Some Problems Involved in Professionalizing Social Interaction: The Case of Psychotherapeutic Training," Journal of Health and Social Behavior, V. 9 (March), pp. 72-86.
- Borgatta, Edgar F. and Betty Crowther
(1965) Social Interaction Processes. Chicago: Rand McNally.
- Burke, Kenneth.
(1965) Permanence and Change. New York: Bobbs-Merrill.
- Burke, Kenneth. A Grammar of Motives. Berkeley: University of California Press.
(1969)
- Campbell, Frederick L.
(1970) "Participant Observation in Outdoor Recreation," Journal of Leisure Research, V. 2, No. 4 (Fall), pp. 226-236.
- Cobb, Charles W.
(1972) "Community Mental Health Services and Lower Socioeconomic Classes: A Summary of Research Literature on Outpatient Treatment, 1963-1969," American Journal of Orthopsychiatry, V. 42 (April), pp. 404-414.
- Davis, Milton S.
(1968) "Variations in Patients' Compliance with Doctors' Advice: An Empirical Analysis of Patterns of Communication," American Journal of Public Health, V. 58, No. 2 (February), pp. 274-288.
- Emerson, Joan P.
(1970) "Behavior in Private Places: Sustaining Definitions of Reality in Gynecological Examinations," in Hans Peter Dreitzel, ed. Recent Sociology No 2, London: The Macmillan Company, pp. 74-97.
- Fairweather, George W., David H. Sanders, Hugo Maynard, David L. Cressler, and Dorothy S. Bleck
(1969) Community Life for the Mentally Ill: An Alternative to Institutional Care. Chicago: Aldine.

Francis, Vida, Barbara M. Korsch and Marie J. Morris
(1969) "Gaps in Doctor-Patient Communication," The New England Journal of Medicine, B. 280, No. 10, (March 6), pp. 535-540.

Friedson, Eliot

(1970) "Dominant Professions, Bureaucracy and Client Services," in William Rosengren and Mark Lefton, eds., Organizations and Clients, Columbus, Ohio: Charles E. Merrill, pp. 71-92.

(1962) "Dilemmas in the Doctor-Patient Relationship," in Arnold M. Rose, ed., Human Behavior and Social Processes. Boston: Houghton-Mifflin, pp. 207-224.

Glaser, Barney G. and Anselm L. Strauss

(1965) Awareness of Dying. Chicago: Aldine.

Goffman, Erving

(1971) "Remedial Interchanges" in Relations in Public, New York: Basic Books, pp. 95-187.

(1969) Strategic Interaction. Philadelphia. Pennsylvania: University of Pennsylvania Press.

(1963) Stigma. Englewood Cliffs, New Jersey: Prentice-Hall.

(1961) Asylums, Garden City, New York: Anchor Books.

(1959) The Presentation of Self in Everyday Life. Garden City, New York: Doubleday Anchor Books

Hajda, Jan

(1965) "Ambivalence and Social Relations," Sociological Focus, V. 2, No. 2 (Winter), pp. 21-28.

Haley, Jay

(1959) "Control of Psychoanalytic Psychotherapy," in F. Fromm-Reichmann and S. L. Moreno, eds., Progress in Psychotherapy, V. 4, New York: Grune and Stratton, pp. 48-65.

Jones, Edward E. and Richard E. Nisbett

(1971) "The Actor and the Observer: Divergent Perceptions of the Causes of Behavior," Mimeograph. General Learning Corporation.

Kuhn, Manfred H.

(1962) "The Interview and the Professional Relationship," in Rose, pp. 193-206.

- Ludwig, Edward C. and Shirley Davidson Adams
(1968) "Patient Cooperation in a Rehabilitation Center,"
Journal of Health and Social Behavior, V. 9
(December), pp. 328-336.
- Martindale, Don and Edith Martindale.
(1971) The Social Dimensions of Mental Illness, Alcoholism, and Drug Dependence. Westport, Connecticut: Greenwood.
- McCall, George J. and J. L. Simmons
(1966) Identities and Interactions. New York: The Free Press.
- Mechanic, David
(1961) "Role Expectations and Communication in the Therapist-Patient Relationship," Journal of Health and Human Behavior, V. 2 (Fall), pp. 190-198.
- Olesen, Virginia L. and Elwi Waik Whittaker
(1970) "Role-Making in Participant Observation: Processes in the Researcher-Actor Relationship, in Norman K. Denzin, ed., Sociological Methods: A Sourcebook. Chicago: Aldine, pp. 381-397.
- Roth, Julius A.
(1972) "Some Contingencies of Moral Evaluation and Control of Clientele: The Case of the Hospital Emergency Service," American Journal of Sociology, V. 77 (March), pp. 839-856.
- (1963) "Information and the Control of Treatment in Tuberculosis Hospitals," in Eliot Friedson, ed., The Hospital in Modern Society. Glencoe, Illinois: The Free Press, pp. 298-318.
- (1962) "The Treatment of Tuberculosis as a Bargaining Process," in Rose, pp. 575-588.
- Schatzman, Leonard and Anselm L. Strauss
(1973) Field Research: Strategy for a Natural Sociology. Englewood Cliffs, New Jersey: Prentice-Hall.
- Scheff, Thomas J.
(1968) "Negotiating Reality: Notes on Power in the Assessment of Responsibility," Social Problems V. 16 (Summer), pp. 3-17.
- Schefflen, Albert E.
(1965) "Quasi-Courtship Behavior in Psychotherapy," Psychiatry, V. 28, pp. 245-257.

Speier, Matthew

- (1973) How to Observe Face-to-Face Communication: A Sociological Introduction. Pacific Palisades, California: Goodyear.

Stock, Dorothy and Morton A. Lieberman

- (1962) "Methodological Issues in the Assessment of Total Group Phenomena in Group Therapy," International Journal of Group Psychotherapy, V. 12, No. 3, pp. 312-325.

Stone, Gregory P

- (1970) "Appearance and Self," in Gregory P. Stone and Harvey A. Farberman eds., Social Psychology Through Symbolic Interaction. Waltham, Massachusetts: Ginn - Blaisdell, pp. 394-414.

Strauss, Anselm, Leonard Schatzman, Rue Bucher, Danuta Ehrlich, Melvin Sabshin

- (1964) "Logic, Techniques and Strategies in Fieldwork," in Psychiatric Ideologies and Institutions. Glencoe, Illinois: The Free Press, pp. 18-37.

- (1963) "The Hospital and Its Negotiated Order," in Friedson, pp. 147-169.

Sullivan, Harry Stack

- (1954) The Psychiatric Interview. New York: W. W. Norton.

Szasz, Thomas S. and Marc H. Hollender

- (1956) "A Contribution to the Philosophy of Medicine: The Basic Models of the Doctor-Patient Relationship," A. M. A. Archives of Internal Medicine, V. 97, pp. 535-592.

Thrasher, Jean H. and Harvey L. Smith

- (1964) "Interactional Contexts of Psychiatric Patients: Social Roles and Organizational Implications," Psychiatry, V. 27, pp. 389-398.

Turner, Roy

- (1971) "Some Formal Properties of Therapy Talk," in David Sudnow, ed. Studies in Interaction, New York: The Free Press, pp. 376-396.

Waitzkin, Howard B. and John D. Stoeckle

- (1968) "The Communication of Information about Illness," Advances in Psychosomatic Medicine, V. 8.

Weinstein, Eugene A. and Paul Deutschberger

(1964) "Tasks, Bargains, and Identities in Social Interaction," Social Forces, V.42, No. 4, (May) pp. 451-457.

Wolff, Kurt H., ed.

(1950) The Sociology of Georg Simmel. New York:
The Free Press.